

BRING A FRIEND TO CLASS WAIVER

_____ is attending class at CDT
NAME

today with CDT dancer

NAME

I give permission for my child to participate in classes today

DATE

I CERTIFY THAT MY CHILD IS IN PROPER PHYSICAL CONDITION TO TAKE PART IN DANCE CLASS. I REALIZE THAT THERE ARE CERTAIN RISKS POSSIBLE IN THE ART OF DANCE. I AGREE TO ASSUME THE RISK OF ALL INJURIES OR DAMAGE THAT MAY ARISE FROM MY CHILD'S PARTICIPATION IN CLASSES AT CITY DANCE THEATRE INC. IN CONSIDERATION OF THE ABOVE I HEREBY RELEASE AND HOLD HARMLESS CITY DANCE THEATRE INC. IT'S TEACHERS AND DIRECTOR FROM AND AGAINST ANY LIABILITY OR CLAIM FOR ANY LOSS OF PROPERTY,INJURY,MISADVENTURE,HARM,COST OR DAMAGE SUSTAINED AS A RESULT OF MY CHILD'S PARTICIPATION IN CLASSES AT CITY DANCE THEATRE INC.

EMERGENCY CONTACT & RELATIONSHIP TO CHILD (other than self):

PHONE

PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES : _____

PARENT/GUARDIAN SIGNATURE

DATE