

Aspire Dance Studio, LLC MASTER CLASS WAIVER FORM

BASIC INFORMATION

Dancer's Name _____

Address _____

City _____ Zip Code _____

Dancer's Date of Birth _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Dancer's E-Mail Address _____

MOTHER'S INFORMATION: (if under 18)

Name _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Main E-Mail Address _____

Alt. email address _____

FATHER'S INFORMATION: (if under 18)

Name _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Main E-Mail Address _____

Alt. email address _____

***PLEASE PRINT CLEARLY** - Aspire Dance communicates with our clients through email; that is how we will provide all communication about any events, dates, charges on accounts, changes in schedules, etc.

Please add aspiredancestudio@yahoo.com to your email contacts in order to insure receipt of emails.*

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EMERGENCY CONTACTS/MEDICAL HISTORY

In Case of an emergency and parents cannot be reached, please list 2 contacts:

1. Name: _____

Phone Number _____ **Relationship** _____

2. Name: _____

Phone Number _____ **Relationship** _____

Does your dancer have any medical conditions or previous injuries? yes _____ no _____

If yes, please specify: _____

Does your dancer have any allergies? yes _____ no _____

If yes, please specify: _____

ASPIRE DANCE STUDIO IS NOT LIABLE FOR ANY INJURIES

AGREEMENT:

Please sign below, acknowledging that all information provided above is correct, and you are in full understanding that Aspire Dance Studio, LLC is not responsible for any injuries or lost or stolen property. By signing below you are also acknowledging and agreeing to adhere by all of Aspire Dance Studio's Policies and Rules. The Policy and Rule forms are available at Aspire Dance at the front desk.

Parent/Guardian Signature or Dancer signature (if over 18):

_____ **Date:** _____

WAIVER:

As the legal parent or guardian (if dance is under 18), or the dancer (if the dancer is 18 or older), I release and hold harmless Aspire Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Aspire Dance Studio, its owners and operators or in route to or from any said premises.

Parent/Guardian Signature or Dancer signature (if over 18):

_____ **Date:** _____