



## Signature Dance Studio 2020 Health Waiver

{signed waiver due at time of registration}

Dancer name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

I, \_\_\_\_\_ (please print name) the parent/guardian of the above listed minor acknowledge and fully understand the physical nature of dance and that the participant will be engaging in activities that involve risk of serious injury, disability, or death. I accept personal responsibility for such injuries and release Signature Dance Studio, its owner, instructors, affiliates, and volunteers from any and all liability. I, hereby, give my permission to Signature Dance Studio, its owner, instructors, affiliates, and volunteers to seek emergency medical attention for the participant until I can be contacted. Furthermore, I agree to full financial responsibility for the cost of such treatment.

Additionally, upon signing below, I verify that my son/daughter is in good health, with no medical conditions that may prevent his/her participation in the activities offered by Signature Dance Studio. I also verify that I have clearly listed any known allergies or medical conditions to the best of my knowledge as required on any/all *Signature Dance Studio Registration form(s)*.

I have read the above waiver/release and understand that I have given up the substantial rights in signing this release and sign below voluntarily.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dancer Signature (age 18 or older) \_\_\_\_\_ Date: \_\_\_\_\_