

Consent Waiver

please print neatly

complete one (1) per participant



Participants Information

First Name _____ Last Name _____

DOB ____ / ____ / ____ Allergies/Medical Notes _____

Friends That Attend AFDS _____

School _____ Grade _____

Name(s) and phone number of people who could pick up this child other than the adult listed below:

Guardian Information

First Name _____ Last Name _____

Street Address _____

City _____ Zip _____ Phone # _____

E-mail _____

I understand that activities, especially dance and fitness, involve potential risk of physical injury and related damages. I acknowledge and accept all risk associated with this activity and agree to release A Fine Dance Studio and the directors of this (these) service(s) from all suits, claims, or demands of every kind and character arising out of and in connection with, the service provided by A Fine Dance Studio. I do hereby officially release A Fine Dance Studio, the owners, instructors, staff and volunteers in charge for all actions, demands or claims that may result because of injury. I further certify that this participant has no ailment or organic defect that would make participation in these activities dangerous to the health of the participant.

Date ____ / ____ / ____

SIGNATURE OF PARENT/GUARDIAN