

DANCE MAKER PERFORMING ARTS ACADEMY STUDENT LIABILITY WAIVER

Student Name _____

Parent/Guardian Name _____

Phone #1 _____ Phone #2 _____

Email #1 _____

Email #2 _____

Please tell us of any medical or physical conditions that we should know about:

RELEASE OF LIABILITY

As the legal parent or guardian, I release and hold harmless Art Maker DBA Dance Maker Academy, 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 under the control and supervision of Art Maker DBA Dance Maker Academy, its owners and operators or in route to or from any said premises.

MEDICAL EMERGENCY

The undersigned gives permission to Dance Maker Academy, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician

· _____ be called and that my child be transported to _____ hospital.

Physician phone # _____

Parent/Guardian Signature

Date _____