

Bring a Friend Week Trial Waiver Form

*ARTISTIC MOTION DANCE*

Dancer's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email address: \_\_\_\_\_

Trial Class attending \_\_\_\_\_ Friend of: \_\_\_\_\_

**Student Waiver & Release of Liability**

By signing below, I hereby authorize the staff of Artistic Motion Dance to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Artistic Motion Dance and its staff from any and all liability for any injuries or illnesses while going to and from and while at Artistic Motion Dance Studio. Any and all medical expense incurred will be my responsibility.

I further understand that there are specific risks of physical or property damages, losses, or injury that may result from my or my child's participation with Artistic Motion Dance, and I voluntarily assume the risks associated with such participation. I have no knowledge of any physical or mental impairments that would be affected by the student's participation in these classes.

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

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