



Waiver

Students Name: _____ DOB _____ Grade: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Parents Name(s) _____ Home# _____

Student Cell _____ Texts Ok? _____

Parent Cell _____ Texts Ok? _____

Student Email _____

Parent Email _____

Medical Conditions:

Parent and Student please initial on the left line and sign at the bottom if you understand the following.

_____ **Liability Waiver:** I understand that dance and related activities involve risk of injury. I agree I will not hold Evolve Dance Company, LLC (its owners, staff and related parties) responsible for injury's/damages incurred while participating.

_____ **Photo Release:** I hereby give my consent for myself, as a participant, or my child/ward to be photographed and /or videotaped during any classes. Rehearsals or performances for use by Evolve Dance Company, LLC to be used for marketing purposes. I hereby give consent to allow my dancer to be taken off premises for the purpose of photography for the studio.

Student Signature: _____ Date: _____

Parent
Signature: _____ Date: _____

