



Participation Waiver

I understand that my child's, or my own, participation in the designated classes/events exposes my child, or me, to the risk of personal injury/illness. I hereby acknowledge that participation in these classes/events is voluntary and agree to assume any such risk. In addition, I hereby agree that I shall indemnify and hold harmless Ms. Debbora's School of Dance, and any instructors under this title, from any and all claims, demands, actions or suits arising from my child's, or my own, participation in these classes/events.

Initial Here

I understand, and give permission to Ms. Debbora's School of Dance and it's operators, to seek medical treatment for the participant in the event that they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions or conditions and/or declare the participant to be in good physical/mental health.

Initial Here

Today's Date: _____

Participant's Name: _____

Parent/Guardian's Name (printed): _____

Parent/Guardian's Signature: _____

Parent/Guardian's Email: _____

Parent/Guardian Cell: _____

Return completed form to MsDebborasSchoolOfDance@yahoo.com