## Waiver of Liability and Medical Release

Friend's Name:			Date of Birth:	
	Last	First		
Guardian Name:				
	Last		First	
Address:				
Contact Phone Nun	nber:			
Contact Email:				
Current Students N	ame:		Date:	

*I understand* the risks of illness or injury from participating in any dance program. I hereby waive and release *The Next Step School of Dance* its directors, faculty and staff from liability or claim resulting from participation in classes, rehearsals, performances, and any other related activities involved with the dance program.

*I understand* that *The Next Step School of Dance* has the right to terminate my or my child's participation in the dance program at any time for any reason.

*I understand* that once my child's class has been dismissed I am responsible for promptly picking up my child and release the staff, faculty and directors of *The Next Step School of Dance* from any liability after my child has been released.

## Media Release

I give permission for The Next Step School of Dance to use photographs or video of my child in advertisements on the school's website and/or printed materials.

## I have read, understood and agree to adhere to the policies, procedures, and payment schedules of The Next Step School of Dance.

## I understand that the child named above is in my care and I am responsible while he/she is dancing at The Next Step School of Dance

Guardian Signature\_\_\_\_\_