

WAIVER FORM

NAME: _____ D.O.B. _____

ADDRESS: _____

PARENTS: _____

PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

HEALTH CONCERNS: _____

MEDICATIONS: _____

ALLERGIES: _____

SECONDARY EMERGENCY CONTACT: _____

I acknowledge that I am the legal guardian for a student registered to attend and participate in the classes, activities or events sponsored by Revival Academy of Dance. In consideration of the student being allowed to participate in the above class, activity or event and to use related equipment (hereinafter "Activity"), I agree to the following waiver and release.

I certify that the student is physically fit and has not been advised to not participate in the Activity, or activities requiring a similar level of physical fitness. I certify that there are no health-related reasons or problems which preclude the student's participation in the Activity. I hereby consent to the student receiving medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Activity.

There is an inherent risk of accident or injury when participating in a dance or exercise program. By signing you are indicating that you recognize this fact and that you waive, release and hold harmless associates of Revival Academy of Dance and their heirs, assigns, employees and independent contractors from any liability for any injury, damage or claim arising from participation in any program of dance instruction or exercise.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I, or my heirs, executors and representatives may have against Revival Academy of Academy of Dance and their heirs, assigns, employees and independent contractors.

PARENT SIGNATURE: _____ DATE: _____