



BELLA DANZE ARTZ WAIVER



Student Name: _____

Address: _____ Phone Number: _____

Email: _____ Parent Name: _____

Class Participating In _____

I certify that _____ is physically capable and able to fulfill the necessary requirements to participate. I understand that this form legally releases all obligations and responsibilities for the medical treatment of the dancer in the event of illness or injury when the parent cannot be reached. I understand that I am responsible for all expenses should injury occur. I further agree to hold harmless Bella Danze Artz, its affiliates, staff and facilities for any injury sustained as a result of dancer's participation. I have read the above and thoroughly appreciate/understand the assumption of risks inherent with dance participation.

Parent Signature _____

Dancers Signature _____