## Premiere Dance Academy's 2019 Free Trial Classes

Please fill out this	s form completely.		
Student's Name	First:	Last:	
Parent's Name	First:	Last:	
Dancer's Age:			
Email Address:			
Health Problems?	Yes No If yes, explain		
Emorgonov Cont	net Name	Relationshin:	
		Relationship: Cell Phone Number:	
NAME OF CLASS	DAY TIME	TEACHER	
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**Release of Claims and Treatment Authorization** 

Release/Authorization made on (Date)

by (Parent/Guardian)

of (Student's Name)

I am aware that dancing, and the gymnastic exercise associated with it, place unusual stresses on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume this risk and agree that <u>Premiere Dance</u> <u>Academy, Inc.</u> and its staff shall not be liable in anyway for the injuries sustained during attendance at the dance studio or any of its functions. I grant my child or ward permission to participate in the 2019 trial classes. I release and discharge any claims, demands, actions, judgments, and executions which the students, heirs, executors, administrators or assigns may have, or may claim to have against <u>Premiere Dance Academy, Inc.</u>, its successors, its assigns for all personal injuries caused by, or from the above activities or any activities related. Further, I grant, <u>Premiere Dance Academy, Inc.</u> and its employees permission to authorize any emergency medical treatment that may be required during the 2019 trial classes.

Signature of Legal Guardian

Insurance Carrier and Policy

## **Photograph Release**

I, \_\_\_\_\_\_, the parent/guardian (or student, if 18+) authorize the Premiere Dance Academy and/or its representative, agent, or employee to use any photograph/likeness of my child (or myself), \_\_\_\_\_\_\_, for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the artistic staff or marketing director.

Signature of Legal Guardian