



2018 SCHS Dance Team Master Class Fundraiser

Sunday, November 11, 2018

STUDENT	
First Name:	_____
Last Name:	_____
D.O.B. ____ / ____ / ____	Age: _____

PARENT/LEGAL GUARDIAN	
First Name:	_____
Last Name:	_____
Phone:	_____

Emergency Contact: (Other than parents) In case of any emergency where parent/guardian cannot be reached, local paramedics or hospital will be contacted to administer medical attention, unless parent/guardian has stated otherwise herein.

Name: _____ Phone: _____

Medical Conditions, Allergies, etc: _____

LIABILITY WAIVER

My signature below releases the San Clemente Dance & Performing Arts Center, its officers, employees and landlord from any and all liability that may result from myself or my children participating in dance lessons or performances with the studio or company. This is binding from this day forth to myself, my spouse, my heirs and all those associated with the studio or company. I will hold the studio, the company, their officers, employees and landlord 100% harmless for any injury that may result from any member of my family participating in dance lessons or performances with the studio, the company and/or sponsored by the studio or company. Our participation in dance lessons or performances is completely voluntary. The studio, the company, its officer, employees and landlord are not liable for personal injury or loss of, or damage to personal property. Each student may decline to participate in any activity. Please inform instructor of any personal limitations the student may have. If there is any doubt to the student's physical abilities, please consult with your physician before participating. I give full rights to San Clemente Dance & Performing Arts Center and its staff to use photos & video images of me or my child to use for promotional purposes only. Photos & videos will be used in brochures, websites, advertisements, and other promotional material created by the studio. I have read, understood and agree to comply to studio standards.

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Parents Signature _____ Date: _____