

MusicWorks! Studio of Performing Arts
WAIVER

Student's Name: _____ Date: _____

Does your child have any medical limitations, allergies, or other concerns? If so, please list and describe:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I, _____, represent that I am the parent or legal guardian of _____, and I understand that dance is a physical activity, and, as such, the dancer/performer is subject to risks of such activity. I hereby agree to release, indemnify and hold harmless MusicWorks! Studio of Performing Arts (MWSPA), its faculty, agents, successors, and assigns from any and all liability that may occur as a result of any and all injury(ies) incurred during any class instruction, performance, while in any MWSPA facility, or while under the care, custody and control of MWSPA faculty, agents, successors or assigns. In case of emergency, I agree that the personnel of MWSPA may authorize the physician of his/her choice to provide emergency medical care in the event that the family physician or I cannot be contacted immediately or if such events may warrant.

Parent/Legal Guardian Signature: _____

Date: _____