



October 24-30, 2019

**Bring A Friend &
Halloween costume week**

**SEE PAGE 2 FOR WAIVER – GUEST WILL BE UNABLE TO
PARTICIPATE WITHOUT SIGNED WAIVER**

LIABILITY RELEASE: Bring a Friend

Guest will not be able to participate without signed waiver

PARTICIPANTS NAME: _____ BIRTHDATE: _____

PARENT/LEGAL GUARDIAN NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ CELL NUMBER: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

LIST ANY SPECIAL CONDITIONS THE INSTRUCTOR SHOULD BE AWARE OF:

GUEST OF (RDC DANCER NAME) WITH: _____

*Please initial and sign the following

_____ I understand and acknowledge that there is a risk of injury inherent in dance/exercise activities and that personal injury and/or damage to property may result during participation in dance/exercise and related activities.

_____ I acknowledge that the above named participant is physically able to safely participate in dance/exercise and physical related activities both on Relevé Dance Centre II LTD premises and on any other locations where Relevé Dance Centre II, LTD may be holding performances or demonstrations.

_____ I agree to assume all risks associated with participation in dance/exercise instruction, and related activities.

_____ I acknowledge that the participant is covered under their own insurance policy.

_____ I release Relevé Dance Ctr. Inc., officers, staff, owners, faculty of all injury, medical bills, damage to property, loss of personal items, occurring in or around the studio premises or at any functions held at other locations in connection with the dance/exercise classes the participant is agreeing to.

Signature of Parent/Guardian _____

Date: _____