

WAIVER & RELEASE 2014-2015

(Registration will not be accepted without a signature)

The Adult Student or Parent, by signing here, acknowledges that they/their child are/is taking class at their own risk and agrees to hold Elizabeth's Dance Dimensions, it's instructors and or assignees harmless in the event of any physical injury to student or loss of personal property. In the event of medical emergency every effort will be made to immediately reach Parent: IF unable to make contact, Parent's signature here authorizes Elizabeth's Dance Dimensions to call 911.

Dancing is a strenuous activity from which injuries could arise. Each student may decline to participate in any activity. Please inform instructor of any physical limitations you may have. If you are in doubt as to your physical abilities, please consult your physician before participating. EDD cannot dispense aspirin or any other medication with out written permission from parent.

Signer is aware that the Studio may take photos/videos of students for the purpose of promoting the Studio, recording Performances, documenting progress or recording choreography.

Signer acknowledges they have been provided access to the Studio's Tuition/Dress Code/Spring Program information 2012-2013 and agrees to the terms and conditions set forth.

SIGNATURE _____ **DATE** _____