

WAIVER FOR PARTICIPATION AT
WILKERSON DANCE STUDIO

_____, the parent of
(PARENT / GUARDIAN NAME)

_____,
(STUDENT NAME)

Hereby acknowledges that the nature of instruction this student will receive
Involves physical exercise and stress. I hereby waive all claims against Wilkerson
Dance Studio, owners, and/or instructors liable for injuries that could incur while
participating in class, rehearsal, performance and all related activities.

_____ Initial

I agree to abide by policy and payment procedures, timely payments and agree to
pay necessary late fees.

_____ Initial

I also consent to photography and recording of my child for promotional and public
relations, which may include but not limited to, photo displays, brochures, print ads,
and web sites.

I've read the above and agree by signing below. I understand that this waiver and
consent will continue for any classes taken after the below date, or until which time
I revoke my consent, in writing, to Wilkerson Dance Studio.

SIGNATURE: _____

DATE _____