Georgia's School of Dance

georgiaschoolofdance@gmail.com
www.georgiaschoolofdance.com
142 E. Grand Ave
Escondido, CA 92025
760-745-6662

Dancer's Name: _____ Birth Date:_____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Email Address: _____

Primary Phone: (Cell Landline Work)_____

Secondary Phone: (Cell Landline Work)_____

Emergency Contact Name/ Phone number:

_____ _____

Allergies/Medical Conditions: _____

Classes you are taking: _____

Liability Waiver

____ I realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I (the parent/guardian) assume all risks related to the use of any and all spaces used by Georgia's School of Dance.

____ I agree to release and hold harmless Georgia's School of Dance including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future.

____ I will not hold Georgia's School of Dance liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes.

____ I agree to obey the class and facility rules and take full responsibility for my dancer's behavior in addition to any damage they may cause to the facilities utilized by Georgia's School of Dance.

____ I understand that Georgia's School of Dance are licensed, accredited and insured organizations. In the event that I should observe any unsafe conduct or conditions before, during or after the classes, I agree to report the unsafe conduct or conditions to the executive director, artistic director, instructor, or staff member as soon as possible.

____ I consent and agree that Georgia's School of Dance, its employees or agents have the right to take photographs, video tape or make digital recordings of my child and use them in any and all media, now or hereafter known and exclusively for the purpose of marketing and advertising.

_____ I do hereby release Georgia's School of Dance, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims or interest I may have to control the use of my child's likeness in whatever media used.

_____ I understand there will be no financial or other remuneration for recording my child either for initial or subsequent transmission or playback.

**Georgia's School of Dance reserves the right to cancel any of our classes at our discretion. We will make every effort to run all classes, but if cancellation is necessary you will be notified.*

I, the parent/guardian, acknowledge that I have read, fully understand, and agree to the information in this document.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____