



The Dance Realm, 38 Majestic Drive, Fort Thomas, KY, 41075

## Release of Liability Waiver

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

I hereby release The Dance Realm of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of classes, camps, private instruction, choreography or any activity my child participates in.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I and my children have read and will comply with The Dance Realm's new procedures and fully understand its content. I am aware that this is a release of liability and a contract and I am signing it of my own free will.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*MUST BE MAILED to the address above prior to attending class (allow for delivery time).*