

SUMMER DROP-IN Waiver 2019

(If under 18 must be signed by a parent or guardian)
Only one waiver needed for the entire summer



Participants Name: _____

I acknowledge and understand that participation is at my own risk. I voluntarily release the Kids Can Dance staff of any liability in the event of an accident or illness. I release Kids Can Dance to take appropriate action should I require emergency medical treatment.

I grant Kids Can Dance the right to take photographs/videos and recognize that these may be used for future promotional material.

(Parent/Guardian Name - print)

(Parent/Guardian Signature)

(Phone number)

(Email Address)