

Artistry Dance Center Child Participation Waiver

All students are required to have a waiver on file. If you have any questions regarding the following statements, please contact the studio at: info@artistrydancecenter.com or 540-370-4866

Child's Name _____

Parent/Guardian _____

Emergency Contact (in addition to parent or guardian) _____ Phone _____

Please List any significant allergies or medical conditions you would like us to be aware of. (ex. Asthma) _____

Please sign and date the following:

I understand that dance classes may include, without limitation, dancing with props, stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance class involve some degree of risk of strain or bodily injury. I release Studio M, LLC, DBA Artistry Dance Center; it's owners, and staff from any liability for injuries incurred at the studio, performances, or any other studio activity at another location.

X _____ Date _____

I agree to allow my child's likeness in any form, be it photo, video or audio recording, to be used by Studio M, LLC, DBA Artistry Dance Center for promotional use at any time without further permission or reimbursement of any kind to the student or anyone on their behalf. Any use of a child's likeness will have NO identifying information attached.

X _____ Date _____

I agree to all terms, conditions, policies and procedures, including the billing and payment terms provided to me by Studio M, LLC, DBA Artistry Dance Center.

X _____ Date _____