



11216 Triangle Lane  
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<http://wheatonstudioofdance.com>

## Waiver of Liability

I, \_\_\_\_\_, (parent/guardian's name) hereby give my child, \_\_\_\_\_, (child's name) permission to dance at the Wheaton Studio of Dance. I waive the right to any legal action against Wheaton Studio of Dance for any injury sustained on studio property or at any Wheaton Studio of Dance event. I understand that I am enrolling my dancer in a program of physical activity and have agreed that my student is in good physical condition and does not suffer from any disability that would prevent or limit participation in this dance program.

## Medical Release Form

I, \_\_\_\_\_ (parent/guardian's name) hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_ (child's name), in the event of accident, injury, sickness, etc., under the direction of the physician listed below or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

## Photo Release Form & Agreements

I give full rights to the Wheaton Studio of Dance and its staff to use photos and video images of me or my child to use for promotional purposes of the Wheaton Studio of Dance only. Photos and video will be used in brochures, websites, advertisements, and other promotional material created by the studio. Photos may appear with or without names in press releases and other print advertising. I have read, understand and agree to the above stated waiver of liability, medical and photo releases. I have also read and understand the "Wheaton Studio of Dance Policies and Information". I understand I will be held responsible for all tuition, costume payments, and late fees as listed.

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_