



Child's Name: _____ Cell Phone: _____

Parent's name (print): _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Release of Liability

As the legal parent or guardian, I release and hold harmless Carol Grayson School of Dance, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant while in or upon the premises or any premises under the control and supervision of Carol Grayson School of Dance its owners and operators or in route to or from any of said premises.

Video & Photo Waiver

I give Carol Grayson School of Dance my permission for the public display of pictures and or video of my child for possible advertisement purposes (i.e. brochures, newspaper ads, web site, etc. - no names will be used).

I hereby agree to the above waiver.

(Parent Signature)

(Date)



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Video & Photo Waiver

I give Impact Dance Studio, Inc. my permission for the public display of pictures and or video of my child for possible advertisement purposes (i.e. brochures, newspaper ads, web site, etc. - no names will be used).

I hereby agree to the above waiver.

(Parent Signature)

(Date)