

You have been invited by one of your friends to participate in a dance class at Danza Dance Academy.

Please print this page, fill it out, sign the bottom and bring it into the class you wish to participate in with your friend.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail address: \_\_\_\_\_



**GENERAL LIABILITY WAIVER**

Student of Danza Dance Academy (DDA) or parent/legal guardian of student if under 18 years of age understands and agrees that participating in any dance classes, rehearsals, or performance, there is a possibility of physical injury. Therefore, the signed below agrees to assume all risks of any injury which might occur. Student or parent/guardian, exempts, releases and indemnifies DDA and all its faculty from any and all liability claims, demands, or cause of action whatsoever from any damage, loss or injury to student, parent/guardian, family member or personal property which may arise out of, or in connection with participation in any activities conducted by DDA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

