

Liability Waiver Form
Coastal Dance Inc and Coastal Dance Theatre Society

Please read carefully before signing.

_____ I/we understand there is a certain amount of inherent risk of injury involved in dancing activity and that this has been explained to me/us.

_____ I/we certify that my/our child is in good physical condition and able to participate fully in this programme. I/we have discussed as outlined below any medical conditions of which Coastal Dance Inc. or Coastal Dance Theatre Society should be aware. I release Coastal Dance and Coastal Dance Theatre Society from liability in case of accident or injury. I /we understand that all classes will be conducted in the safest possible manner by trained instructors.

Medical Conditions of which Coastal Dance should be aware

Photo/Video Release

_____ I/we understand and accept that any photos, videos, recordings, taken by/on behalf of Coastal Dance Inc. and/or Coastal Dance Theatre during training classes, rehearsals, photo shoots or performances remain the sole property of Coastal Dance Inc. and may be used without compensation for promotional, educational, commercial or instructional purposes and give permission to allow the use of such material.

Name of student (please print) _____

Signature of Parent/ Guardian _____

Date _____

Signature of student if 19 or older _____

Date _____