DancEsteem
Parent/Guardian Permission and Release Agreement

I permit my/our child, _____, to attend and participate in the DancEsteem program.
I am requesting to enroll: Day_____, Class Name_____.

I/We understand that dance training for the students sometimes requires a sustained, repetitive, vigorous physical activity, usually performed on hard or lightly padded surface without protective footwear (i.e. athletic shoes). It is also understood that dance instruction involves kinetic corrections that may include physically touching the students as part as regular class work and rehearsals. I/We understand that participants engage in a broad range of quick movements, bending, twisting, running, leaping and lifting which places extreme demand on the human body, including stress of joints and ligaments, repetitive impact, and occasional falls, slips and collisions with other participants and objects. I voluntarily assume and accept such risks of personal injury and illnesses arising from my/our child's attendance and participation in the program. I/We agree that this release includes personal injury or property damages causes in whole or in part by negligence. This release does not apply to liability for willful injury or fraud. This release shall remain effective until your child does not participate in this program.

I have carefully read this agreement. I understand it is a full release of liability except as expressly stated above and I agree to be bound thereby.

Dated:_____ _____ _____
(parent/guardian signature)   **(print name)**

This form must be signed by parent/guardians.

Student Profile   *(Please print clearly)*

Name of Student:_____ **Date of Birth:**_____

Address:_____
                                                                                City   **Zip code**
Home Tel:_____   **e-mail:**_____

School:_____

Parent/Guardian Name :_____ **Occupation:**_____

Home Address:_____ **Cell:**_____
                                                    City   Zip code
Parent/ Guardian Name :_____ **Occupation:**_____

Home Address:_____ **Cell:**_____
                                                    City   Zip code
Emergency Contact Parson:_____ **Relationship to student:**_____

Home Address:_____
                                                                                City   Zip code

Home/Work phone:_____/_____ **Cell:**_____