

# **SEYMOUR DANCE**

## **DROP-IN WAIVER FORM**

**STUDENT NAME:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT NUMBER:** \_\_\_\_\_

### **To the Parents or Legal Guardian of the above Student:**

This is to secure your permission to allow you or your child,

\_\_\_\_\_, to participate in our dance programming. You are aware there are risks associated with participation in the class, including risk of injury, and you consent you or your child's participation in spite of such risks. In the event you or your child requires medical attention, you consent to you or your child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that you are responsible for any costs of such ambulance service.

**I have read this waiver form and understand and accept its terms.**

**(PARENT) AUTHORIZATION SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Authorized Signature (office use*

*only:)* \_\_\_\_\_

***Paid by: Credit Card/Debit Card/Cash/Cheque/Jackrabbit Account***