CCA DANCE PROJECT

# WAIVER

# CCA DANCE PROJECT

# BRIDGEPORT, CT

Name (**Dancer)** (First & Last):

Name (**Parent/Guardian):** Date of Birth (if under 18)

Mailing Address:

City/Town: State: Zip:

Home Telephone # Cell Phone#

Email address

(Parent or Legal Guardian)

Agreement for Participation

I understand that dance and or fitness classes may include, without limitation, the use of props, or exercise materials (equipment), stretching, barre work, across the floor combinations, dance routines in the center, and other related activities. I further understand that all of the activities of the dance/and or fitness class involve some degree of risk of strain or bodily injury. In accordance with my participation in any or all classes, I understand that **CCA Dance Project and all staff and employees and the SWAG facility and their staff and employees** are **NOT** responsible for any personal injury, or responsible for personal property.

In connection with my participation in all classes and events with **CCA Dance Project**, I give consent to the use of my photograph, video footage and or other likeness for social media and any promotional use.

I have reviewed a copy of the program policies, participation agreement and calendar and agree to adhere to all the content. I agree to be responsible for reading program correspondence and respecting deadlines, if applicable. I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: Signature: