LIABILITY WAIVER

Must be signed and turned into our office before your child can start dancing. As with all physical activity there is a risk of injury. Even though The Roberts Conservatory of Dance takes precautions to assure a safe environment, physical activities such as those taught or participated in at The Roberts Conservatory of Dance have a risk of injury. I agree to be solely responsible for all costs incurred by me and / or my child as a result of any injury sustained from participation in any classes while at The Roberts Conservatory of Dance or at another location with The Roberts Conservatory of Dance. If a parent or guardian is not present, I authorize The Roberts Conservatory of Dance staff, in the event of illness or injury, to administer emergency care and to arrange for any emergency medical transportation to the nearest healthcare facility deemed appropriate. I understand that every effort will be made to contact the parent, guardian or emergency contact prior to any involved treatment. I agree that my insurance carrier or I will bear financial responsibility for any medical treatment administered under the above guidelines. Please initial below:

____I understand and agree to the tuition policy set by The Roberts Conservatory of Dance

_____I understand the risk of injury and agree to the injury policy above.

_____I understand and agree to all policies stated in this handbook.

_____I understand that class fees, costume fees and recital fees are non-refundable once paid.

____I understand and agree to the liability waiver.

_____Initial here to give the studio permission to use any photos or videos of your dancer for pro?motional purposes on social media.

Student's	
Name(s):	
Parent	
Signature:	
Date:	