



Student Information

Student's First Name: _____ Last Name: _____

Parent/Guardian Names: _____

Address (including city and zip code):

Phone Number To Contact Parent/Guardian: _____

Email Address: _____

Emergency Contacts:

Name	Home Number	Cell Number	Work Number

Individuals Authorized to pick up/drop off child:

Name	Relationship



Liability Waiver Form

I/we realize that participation in dance/twirling classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks to the use of any and all spaces used by Bluegrass Dance Center.

I/We agree to release and hold harmless Bluegrass Dance Center including teachers, students, staff members, and facilities from any cause of action, claims, or demands now and in the future. I/we will not hold Bluegrass Dance Center liable for any personal injury, sickness, death, or any personal property damage, which may occur, on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Bluegrass Dance Center.

In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the owner, director, instructor or staff member as soon as possible.

We (I) the parents or legal guardians of the student hereby grant our (my) permission for him/her to participate fully in said activity (s), and hereby give our (my) permission to take said student to a doctor or hospital and hereby authorize medical treatment, and I (we) assume the responsibility of all medical bills. The undersigned further hereby agrees to hold harmless and indemnify Bluegrass Dance Center, its owner, director, employees, and agents from any liability in the aforementioned scenarios or expenses incurred.

I/we acknowledge that any activity involving motion, rotation, or height may cause serious injury, including paralysis, or even death.

I acknowledge that I have fully read the above and voluntarily signed this liability waiver.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Medical History Form

In the event of injury to _____ (student name) while participating in BGDC activities, I authorize BGDC or its agents to transport my child to a facility to seek medical attention. I hereby give permission to take the said student to a doctor or hospital and hereby authorize medical treatment, and I assume the responsibility of all medical bills. I further hereby agree to hold harmless and indemnify Bluegrass Dance Center, its owner, director, employees, and agents for any liability from medical expenses incurred.

Medical Information:

Date of birth: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

Parent/Guardian Signature: _____

Date: _____



Photography Release for Minor Child or Children

I hereby authorize Bluegrass Dance Center to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in Bluegrass Dance Center's print, online and video-based marketing materials, as well as other company publications.

I hereby release and hold blameless Bluegrass Dance Center from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Bluegrass Dance Center to use their likenesses and names.

I further acknowledge that participation is voluntary and neither I, the minor child nor minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Bluegrass Dance Center, its contractors, employees and any third parties involved in the creation or publication of company publications and marketing materials from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

- I agree to the terms of this photo release.
- I do not agree to the terms of this photo release. Please do not use images of my child/children in any publication.

Authorization:

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to child: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____