

l,	_ (parent	name)	have	chosen	to	have	my	child,
•	's name) partio	•			•	•		•
understand the nature of the activit	•	•	•	•		_	•	
the proper physical condition and ca	•						•	s is not
in any way responsible for making s		nation and	does not	provide he	alth ins	surance f	or	
those participating in its instruction								
In consideration of my child's enroll	ment in the Dr	ama Club i	nstruction	n program,	l agree	on beha	If of mys	self and
my child to voluntarily assume all r	isk known and	l unknown	of injurie	s, however	caused	l, in who	le or in	part by
the action, inaction or negligence	of Stars & S	teps, its er	ntities, ov	vners, ager	nts, em	ployees	and per	rsonnel
(collectively "Releasees") to the fulle		_		,		•		
hold harmless Releasees from any		liabilities,	costs and	l expenses	arising	in conn	ection w	ith any
Drama Club instruction or related a	ctivity.							
I authorize and agree that Stars & S	Steps may take	and use p	hotograp	hs, videos d	or liken	esses of	me or m	ny child
as needed for its record-keeping, a	dvertising and	l or public	relations	and promo	tional _l	orojects	and that	: I have
no rights to the same and will not b	e compensate	d for the sa	ame.					
MY SIGNATURE IS PROOF THAT I HA	AVE READ AND	FULLY AG	REE TO TI	HE TERMS (OF THIS	WAIVER	R AND RE	ELEASE.
I UNDERSTAND THAT I HAVE GIVEN	N UP CONSIDE	RABLE FUT	URE LEG	al rights.	MY SI	GNATUR	RE IS PRO	OOF OF
MY INTENTION TO EXECUTE A COM	MPLETE AND L	JNCONDIT	ONAL W	AIVER AND	RELEA	SE OF A	LL LIABIL	JTY TO
THE FULLEST EXTENT OF THE LAW.								
	<u> </u>				_			
Print name of student participant		Date						
Print Name of Parent or Guardian		Signa	ature of P	arent or Gu	– ıardian			

Return signed waiver and release to the school office, return by email, or by mail with payment!

We accept checks, cash or PayPal), Make Checks payable to: Stars & Steps, 1457 Rose Glen Drive, Roseville, CA 95661 (916) 990-2390 www.stars-and-steps.com, jeannie.abolt.larson@gmail.com