Western Maine Dance Center

Waiver of Liability	
I,, (pare child,, (child,,)	ent/guardian's name) hereby give my
child,, (chil	d's name) permission to dance at the
Western Maine Dance Center. I waive the right to any le	egal action against Western Maine
Dance Center for any injury sustained while in classes or	
event. I understand that I am enrolling my dancer in a pr	
agreed that my student is in good physical condition and	
that would prevent or limit participation in	this dance program.
Medical Release Form	
I, (parent/guardian's r	name) hereby give permission for any
and all medical attention to be administered to my child,	, , , , , , , , , , , , , , , , , , , ,
I,(parent/guardian's r and all medical attention to be administered to my child, (child's name), in the event of accident, injury, sickness	s, etc., under the direction of the
physician listed below or at any necessary emergency	facility, until such time as I may be
contacted. I also assume the responsibility for the paymer	nt of any such treatment. This release
is effective for the period of one year from	the date given below.
INSURANCE COMPANY:	-
POLICY NUMBER:CHILD'S PHYSICIAN:	
CHILD'S PHYSICIAN:	
ADDRESS:	
PHONE:	
KNOWN ALLERGIES:	
KNOWN ALLERGIES: EMERGENCY CONTACT NAME	PHONE:
Photo Release Form & Agreements	
I give full rights to the Western Maine Dance Center to us	
my child to use for promotional purposes of the Western N	
video will be used in brochures, websites, advertisemer	
created by the studio. Photos may appear with or withou	
print advertising. I have read, understand and agree to	
medical and photo releases. I have also read and unde	
Center "Student and Parent Handbook". I understand I w	
costume payments, and late fee	
Parent's Printed Name	
Parent's Signature	Date