



2025 The Studio School of Dance — Trial Class Waiver

*I, the undersigned parent/legal guardian of _____
(Dancer's Name), hereby give permission for my child to participate in a trial class at The Studio School of Dance.*

I understand and agree that participation in a dance class involves inherent risks, including but not limited to personal injury, illness, or property damage. I voluntarily assume all risks associated with my child's participation.

By signing below, I agree to release, waive, and hold harmless The Studio School of Dance, its owners, instructors, staff, and affiliates from any and all claims, demands, or causes of action related to any injury, illness, or property damage that may occur during or as a result of participation in the trial class.

I acknowledge that it is my responsibility to ensure that my child is physically fit to participate and that I have disclosed any relevant medical conditions to The Studio School of Dance. I agree not to exceed physical limitations and to act in a manner that prioritizes safety.

If signing on behalf of a minor, I certify that I am the parent or legal guardian and have the authority to sign this waiver.

Parent/Guardian Name: _____

Signature: _____

Date: _____