

In consideration of the Joanne Brown Dancers permitting my child(ren) to participate in dance classes and all related activities including transportation. I hereby for myself, heirs, administrators and assigns waive and release any and all rights and claims of any nature. I may have again the Joanne Brown Dancers and any organizations connected with injuries or damages of any nature which myself or my child may suffer while taking part in any activities connected with the studio.

I hereby represent that the above child(ren) is of sound health and physically able to participate in studio activities. I further do \_\_\_do not\_\_\_ authorize the above named child(ren) to receive emergency medial treatment in case of injury.

I have read the Joanne Brown Dancers Policies and understand that failure to comply with those policies will result in the immediate termination of the dancer's participation in all studio activities.

Parent

signature\_\_\_\_\_Date\_\_\_\_\_