

**St. Mark's Dance Studio
Agreement, Medical Care, Photo release, Liability Waiver**

I _____(parent/guardian's name) hereby give permission to _____(name of dancer) participate in dance classes and related activities at St. Mark's Dance Studio. Despite precautions being taken by the studio, possible personal accidents and injuries may occur. By signing this release, I agree I will not hold St. Mark's Dance Studio or its board of Directors, staff and/or instructors liable for any injuries while participating in class or visiting the studio.

_____ initial

AUTHORIZATION OF MEDICAL CARE

In case of an emergency or injury while participating in class, I authorize St. Mark's Dance Studio to seek medical care for my child, until such time as I may be contacted.

For emergency please contact me on _____.

Any known allergies _____

_____ initial

PHOTO RELEASE AND VIDEO

I hereby give consent for myself and my child to be photographed or videotaped during class and at the annual recital at St. Mark's Dance Studio. The photos and or video may be used for advertising in the studio, on the St. Mark's Dance Studio website and in the community.

_____initial

CLASS AGREEMENT

I understand, acknowledge and except that due to the nature of a dance class, some touching and or physical handling regarding proper body placement may be involved.

_____initial

Name of dancer _____

Signature of parent or legal guardian _____

Date _____

Please note this agreement is for one school year.