

Steps of Faith Christian Dance School

Student Name _____ Parent/Guardian Name _____

Student Date of Birth _____ Phone # _____

Address _____

Email _____

Allergies/Other pertinent info _____

Emergency Contact Name / Phone # _____

I am aware that there is potential risk of injury involved in training and participating in any physical activity, including ballet and/or dance. I freely and fully assume all such risks, dangers and hazards, including but not limited to injury through physical activity and/or use of equipment and facilities, and the possibility of personal injury, the contraction of communicable disease, property damages or loss, resulting from my or my child's participation in any or all services provided by or endorsed by Steps of Faith, the instructor(s) and or the facility provider (Canadian Christian Academy). I am also aware that I should discuss my or my child's participation in this activity with a physician. I am also aware of and accept that my likeness or my child's likeness may be captured from time to time and used for marketing purposes.

I hereby agree to waive any and all claims that I have or may have in the future against Steps of Faith, the instructor(s), Canadian Christian Academy, any of the directors, employees of the afore mentioned, guests, or participants, and release from any and all liability for any loss, damage, disease, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in any service provided by or associated with Steps of Faith, or Canadian Christian Academy.

Signature

Print Name

Date