

Abigail Francisco School of Classical Ballet
Waiver & Release Form



This form must be completed for each child attending your party

Child's Name

Date of Birth

Parent(s) Name(s)

Address

City

State

Zip Code

Phone #

Waiver and Release from Liability

I, _____, recognize that dance is a physical art and injuries may occur, yet, I do hereby release and forever discharge the Abigail Francisco School of Classical Ballet, LLC, its agents, its employees, instructors and representatives from all claims, demands or claims for relief which may arise from or relate to any and all injury from participation in dance at the Abigail Francisco School of Classical Ballet, LLC. This shall include, but not be limited to, any and all activities in the dance studio, directly or indirectly around the dance studio, or in any other place so designated by Abigail Francisco School of Classical Ballet, LLC including performances and other activities. Further, I understand that in the instruction of dance and in particular, ballet, the touching of the student by the instructor may occasionally occur. This touching will occur only in assisting the student in the proper alignment and execution of dance steps. I hereby authorize the dance instructors to so touch myself or my child in an APPROPRIATE fashion, in order to assist myself or my child.

I understand that video cameras are installed in the studio to insure the safety and well being of myself and/or my child. The information contained on these tapes will be secure and accessible by authorized personnel only. There will be absolutely no viewing, distribution, or access by any persons except where required by law.

I have read this document and fully agree and understand that it is a release of all claims. In an emergency situation, I hereby grant permission for a staff member at the Abigail Francisco School of Classical Ballet, LLC, to seek emergency medical treatment for my child or myself

Parent Signature

Date