

Liability Waiver and Photo Release

Student's Name:

Birthdate:

Address (#, Street, City, State):

Zip Code:

Phone number:

Email:

Any allergies or special needs? Yes No

If yes, please explain:

In case of an emergency, please contact:

Name: _____

Phone Number: _____

How did you hear about us?

This application must be signed for admission. I certify that the above named student is in good health and capable of participating in classes. I hereby release Hunter Dance Center (HDC), its agents and employees, from all liability for personal injury, illness or property loss or damage. I agree to allow HDC to take photographs of my child or my child's class for archival purposes and studio promotional use (names will be withheld).

Signature:

Date:
