

Gotta Dance

EVENT PARTICIPANT WAIVER

EVENT ATTENDING: _____ **DATE:** _____

PARTICIPANT NAME: _____ **D.O.B.** _____

ADDRESS: _____ **ZIP:** _____

PARENT/GUARDIAN EMERGENCY CONTACT NUMBER: _____

PLEASE LIST ANY MEDICAL CONDITIONS TO BE AWARE OF:

*** *Gotta Dance* RESERVES THE RIGHT TO ANY SCHEDULE CHANGES.
IF SUCH CHANGES TAKE PLACE YOU WILL BE NOTIFIED IMMEDIATELY.
* *Gotta Dance* has a "no refund policy" on registration, tuition, and event fees**

***Gotta Dance* AND ITS INSTRUCTORS ARE NOT LIABLE FOR PERSONAL INJURIES OR LOSS OR DAMAGE TO PERSONAL PROPERTY. EACH STUDENT MAY DECLINE TO PARTICIPATE IN ANY ACTIVITY. PLEASE INFORM INSTRUCTOR OF ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT FULL PARTICIPATION IN EVENT/CLASS.**

PARENT (OR PARTICIPANT) SIGNATURE: _____

*(*Parent must sign if participant is under age 18)*

Gotta Dance
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