

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)

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