

Élevé Studio of Dance Spring 2024 Recital Liability Waiver Form

Participating Dancer's Name _____

Street Address _____ City _____

State _____ Zip _____

Parent/Guardian's Address _____

Parent/Guardian's Name _____

Parent/Guardian's Phone _____

Emergency Contact's Name _____

Emergency Phone _____

Does the Dancer Have Asthma? (Circle One) Yes No

In case of emergency, do you want the volunteer nurse to seek medical care?

(Circle One) Yes No

Physician _____ Phone _____

LIABILITY WAIVER: I am aware that participation in the Élevé Studio of Dance Spring 2024 Recital has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in the Élevé Studio of Dance Spring 2024 Recital, I, the parent/guardian, by signing below, assume the risk of all injury and agree not to sue Élevé Studio of Dance or Wabash Community Unit School District #348, the directors, instructors, employees, or volunteers for any and all injuries caused by or resulting from participating in the Élevé Studio of Dance Spring 2024 Recital held at District #348 Mount Carmel High School on May 15th through May 17th, 2024.

Parent/Guardian Signature _____

Date _____