

2020 Health Information and Medical Release/Waiver Form

I, _____, the parent/guardian of _____, acknowledge that participation in dance is potentially dangerous and there is an inherent risk of injury involved. In allowing my child to participate in Alichia's DanceFitness Academy activities, I hereby assume all the risks associated with the performing arts. I understand the importance of myself and my child following the instructions and rules set by their instructor/s, and I agree to release Alichia's DanceFitness Academy and its employees of any and all liability which may arise as a result of my child's participation in activities at Alichia's DanceFitness Academy.

Parent/Guardian Name
As per enrolment form

Parent/Guardian Signature

Date – as per date enrolled online