



Northeast Dance Center

DROP-IN RELEASE FORM

STUDENT NAME: (Last) _____ (First) _____		DATE OF BIRTH: _____
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
EMAIL: _____	PHONE: _____	
CLASS: _____		
HOW DID YOU HEAR ABOUT US? _____		
ADDITIONAL INFORMATION (MEDICAL, EMERGENCY CONTACT, ETC): _____ _____		

ALL STUDENTS OF NORTHEAST DANCE CENTER AND THEIR PARENTS/GUARDIANS (IF STUDENT IS A MINOR) AGREE TO THE FOLLOWING:

I certify that I am 18 years old or older or that I am the parent/legal guardian of my minor child. I am/my minor child is in good physical health (or under the care of a licensed health care professional) and am/is able to safely participate in classes and associated events provided by Northeast Dance Center. I also agree to inform Northeast Dance Center in writing of any pertinent changes to my/my minor child's health status.

I am aware that dance, as well as other activities associated, such as conditioning and stretching, is physical exercise and may cause stress on the body. I assume all risk to me, my child or my property while participating in classes and other events, and release Northeast Dance Center and its employees, contractors, volunteers, and all other agents from liability due to injuries or illnesses acquired during in-person or virtual classes or participation in other events.

In the event that I cannot be reached in a medical emergency I authorize Northeast Dance Center to contact medical professionals to perform necessary treatment on my minor child and certify that I/my insurance will be responsible for payment of incurred fees.

I am also aware that Northeast Dance Center may take photographs or video recordings of me/my minor child to be used for publicity, advertising, or other purposes and release all such material for such use as the property of Northeast Dance Center.

In signing this I am also agreeing to have been made aware of Northeast Dance Center's policies and procedures, as well as the expectations for student behavior (see Classroom Etiquette).

Participant's Name: _____

Participant Signature (if over 18 years of age): _____

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

Please list any applicable health concerns (conditions, allergies, etc...):