



Live Oak Dance LLC

CHILDREN'S RELEASE FORM

STUDENT'S FIRST NAME _____ STUDENT'S LAST NAME _____ DATE OF BIRTH _____ AGE _____

STREET _____ APT _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAME _____ EMAIL _____

MOBILE NUMBER _____ WORK NUMBER _____

PARENT/GUARDIAN NAME _____ EMAIL _____

MOBILE NUMBER _____ WORK NUMBER _____

In signing this form,

1. I understand the teacher may need to suitably touch student in order to make corrections or to illustrate correct motion.
2. I understand that injury can occur during any form of physical activity, and since every precaution has been taken to insure safety in the classroom and hallway, the teacher is not responsible for any injuries that may occur in our premises. Parents or guardians are fully responsible for any medical expenses that result from injuries in the dance studio.
3. I agree to make every effort to promptly pick-up student at the end of class.
4. I understand that once the student has been released from class the teacher no longer holds any responsibly over his/her wellbeing.
5. I agree to disclose any health issues the child has that can impact his or her ability to perform in the dance class.

As the legal guardian of _____, I, _____, certify that I understand and consent to all terms of this agreement

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PRINT NAME _____