the NorthAugusta

Release Waiver & MayfieldDance Paperless Billing

Participants Full Name:
Age:
Date of Birth:
Phone Number (s):
Address:
Student Email:
Primary Contact/Guardian if under age 18/Responsible Person Paying Bill
Name:
Address:
Phone Number:
Email Address:

NASD Waiver:

Participant acknowledges physical condition is able to participate in classes at The North Augusta School of Dance. Participant agrees to monitor himself or herself throughout the class and will withdraw from class if Participant believes that continuing will present a risk of injury to Participant or to others. Participant fully and forever waives, releases, discharges and covenants not to sue The North Augusta School of Dance & teachers associated with The North Augusta School of Dance for and from any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, in related to, in connection with or relating to participation in the class from any cause whatsoever. Participant agrees to take full responsibility and will participate at his/her own risk.

Please be aware The North Augusta School of Dance & Mayfield Dance uses photography, video & other forms of media as advertising, sharing & social networking. We have the right to respectfully use any of this media. All material taught in class is the property and owned by The North Augusta School of Dance/Mayfield Dance and its class Instructor. Any material being shared in anyway is subject to infringement of copyright.

Signature____

(Parent/Guardian if participant is under the age of 18)

Date_____