



STUDIO WAIVER

Child(ren) name: \_\_\_\_\_

I, the undersigned, recognize the risks in the course of instruction in dance and hold harmless Steeltoes Dance Studio Inc., Kathleen Stead, her or it's agents and employees in the event that I or my child(ren) suffer injury or any illness or damages while undertaking the course of instruction. I also authorize Steeltoes Dance Studio Inc. to take any emergency measures that are appropriate. I UNDERSTAND THERE ARE NO REFUNDS for any missed classes for any reason, including state mandated shut down, and quarantine. \_\_\_\_\_

(initial here)

I give permission for my child to appear in any promotional material/social media for Steeltoes Dance Studio Inc. \_\_\_\_\_

(initial here)

Due to class size limits in-person makeup classes will not be allowed unless pre authorized by the studio. \_\_\_\_\_

(initial here)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_