



World Class Dance Liability Form

Waiver of Liability/Medical/Publicity Release Form

I hereby waive and absolve World Class Dance, Inc., and all division thereof of any and all liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during participation/attendance in competitions, camps, workshops, and related activity by myself/my child, whose name is

Please print full name of attendee/participant

Age as of event date

In consideration of my signed release allowing my child/myself to participate in a World Class Dance activity, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against World Class Dance, the camp/clinic directors or their respective employees, office agents, representative, successors, and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or riding out of travel to and/or return from the respective World Class Dance event site. In the event of injury/accident/sickness, World Class Dance officials and/or instructors are to contact the designated adult listed below. In addition, I hereby give my permission for myself/my child to be photographed, videotaped, and/or audio-taped during any World Class Dance activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of World Class Dance activities, and for publicity surrounding participation in World Class Dance events.

Signature of self, or parent/guardian if under 18

Phone Number (include area code)

Home Address

City, State, Zip Code

Date

**Signed liability form is REQUIRED
to participate in any World Class
Dance activity.**

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Alt #: (____) _____

Doctor's Name: _____

Doctor's Phone: _____