

THOMAS SCHOOL OF DANCE  
WAIVER

DANCER NAME(S): \_\_\_\_\_

Please read and sign the waiver below:

I fully understand that the dancer(s) named above will attend classes and/or rehearsals at Thomas School of Dance and may rehearse or perform at other locations at his/her own risk and Thomas School of Dance will not be held responsible for any injury incurred.

I have read the policies of Thomas School of Dance and understand that it is my responsibility to seek clarification where needed and adhere to the stated policies.

I give permission to Thomas School of Dance to use any photographs and/or videos of the dancer(s) named above on the Thomas School of Dance website and/or for any other publicity purposes, including but not limited to news media, brochures, posters and any other print materials generated by Thomas School of Dance.

PLEASE INFORM THOMAS SCHOOL OF DANCE AT THE TIME THIS WAIVER IS SIGNED OF ANY EXCLUSIONS AND/OR LIMITATIONS REGARDING ANY PART OF THIS WAIVER.

The laws of the State of Maine shall apply to this release. If any of the provisions contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions shall be deemed severable, and all other provisions shall remain valid and binding.

I am an adult (18 years of age or older), competent to sign this release. I have read this release and I am signing it voluntarily, with knowledge of the nature and consequences thereof and with the intent to be legally bound thereby.

Agreed to and signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

Agreed to and signed: \_\_\_\_\_ Date : \_\_\_\_\_  
(dancer, if over 18)

In order to provide the best possible experience for your child, please explain below any medical conditions or special learning needs: