



Party Waiver

I/We, on our own behalf and as Guardian of

_____ [insert name of student], hereby release Lincolnshire Academy of Dance, its Agents, affiliates, assigns and employees from any and all actions, causes, causes of action, suits, damages, claims and liability whatsoever, at law or in equity which I/We may have with respect to personal injury, illness, or property damage or any other damage that may be incurred, occurring on or off the studio's premises. I have read the studio's policies as outlined. I understand the Cancellation Policy. I certify that I am in good health and capable of participating in all studio activities and classes, I have consulted a physician to determine the risks if any in participating in said activities and accept said risks freely and voluntarily.

Parent/Guardian Signature

Date