



AVANT GARDE THEATRE OF DANCE STUDENT LIABILITY WAIVER

I, _____ hereby release Avant Garde Theatre of Dance and its staff from any and all liability for injuries, illnesses, or loss of property while at Avant Garde Theatre of Dance during my child's participation in any and all programming.

Furthermore, I agree to the following conditions : (**please initial each statement**)

- I have read and understand the terms and expectations as presented in the Studio Policies

Initials _____

- I understand that under NO circumstance does Avant Garde Theatre of Dance issue a full refund, however, a credit may be issued. In the event a credit is issued, said credit will be valid for one year from the date of issue after which time the credit will expire. Credits are not automatic and must be requested. All purchases are final in accordance with studio policies and procedures. Parent/guardian

Initials _____

- Any classes missed must be made up within the session that it was missed.

Initials _____

I give permission to Avant Garde Theatre of Dance to photograph/video/interview/my child for marketing and promotional purposes.

Initials _____

By signing below I also acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

STUDENT FULL NAME: _____

LEGAL GUARDIAN/PARENT/CAREGIVER/PARTICIPANT SIGNATURE:

_____ **DATE:** _____

PRINTED NAME: _____

***Please email the completed form to avantgardetheatreofdance@gmail.com**