

Cuizon Ballet Centre Trial Class

Student Information

Student's Name: _____ Date of Birth: _____

Phone: _____

Email Address: _____

Parent/Guardian: _____

Waiver of Liability

I/we recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release Cuizon Ballet Centre, Lisa Cuizon, all staff, event sponsors, employees and dance teachers from all liability for injuries sustained or illnesses contracted (including but not limited to COVID-19) while attending or participating in any dance classes, rehearsals, workshops, or performances. I agree to indemnify, defend, and hold harmless, Cuizon Ballet Centre, Lisa Cuizon, all staff, event sponsors, employees and dance teachers for liabilities, costs and judgments arising from acts of omissions committed by me or my child which result in injury or damage to any person or property.

PLEASE PRINT CLEARLY

Signature of Participant _____ Date _____

Printed Name of Participant _____

Signature of Parent/Guardian (If under 18) _____ Date _____

Printed Name of Parent/Guardian _____