

# Cuizon Ballet Centre

## Student Information

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## 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, loss or damage to any person or property. All payments are non-refundable and non-transferable.

## PLEASE PRINT CLEARLY

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Signature of Parent/Guardian (If under 18) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

