

# THE DANCE COMPANY

370 A1A Beach Boulevard, St. Augustine, Florida 32080, Phone Number: 904.471.4946  
(Website) [www.thedanceco.com](http://www.thedanceco.com) (Email) [www.thedancestudio@bellsouth.net](mailto:www.thedancestudio@bellsouth.net)

## SUMMER INTENSIVE August 2019

Dancer's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Parent(s) Name and Phone Number \_\_\_\_\_  
Parent Email \_\_\_\_\_  
Any Allergies, Medical Conditions, etc... \_\_\_\_\_

## GUEST ARTIST SUMMER INTENSIVE

Fee: \$285

DATES: August 5-9

TIMES: 9:00 am – 4:00 pm

### Liability Waiver Form

I/we realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to dancing at The Dance Company.

I/we agree to release and hold harmless The Dance Company, including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold The Dance Company liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_