The Jewel of Art Dance Studio 1909 Fredericksburg Rd. San Antonio, TX 78201 210.878.4089

RELEASE OF LIABILITY

Student Name:	Phone:	Cell:
Address:	Age:	D.O.B.:
Parent/Guardian:	Work Phone:	
Please list any important health informa	ation:	
List any medications used, if any:		
Health Insurance Company and Policy I	Number:	
Primary Doctor Name:	Ph	none:
Address:	F	ax:
I hereby release The Jewel of Art Dance instructors, assistants, student and par loss, damage, or injury including death, upon the premises or any premises und Art Dance Studio. Resulting from my so classes, practices, performances, trips or event related for The Jewel of Art Dat I fully understand the risks involved in tregistered for, and I accept such, uncoland all accidents and/or injuries, which The Jewel of Art Dance Studio. I also understand that this signed releasing son/daughter is registered for class his/her participation; and/or returns to dillness, temporary withdrawal, persona	rent volunteers from any that may be sustained be der the control and super on's/daughter's participals, camps, competitions, pance Studio. The dance and/or activities and take full may occur as a result of see at The Jewel of At Dacclasses after a leave of a	and all liability including by the participant while evision of The Jewel of tion in any and all parades and any activity as my son/daughter is responsibility for any fher/his participation at and ongoing as long as nce Studio; continues in absence resulting from
reason causing interruption of participa		
As the legal parent or guardian, I grant dance class or on stage for The Jewel or pictures to include, but not limited to br display, distribution, publication, and/o	of Art Dance Studio promochures, posters, and p	otional videos and
Parent/Guardian Signature		Date