



Van De Veere Productions Registration Form

Dancer's Name _____

Mother's Name _____ Father's Name _____

Parent's Phone _____ Dancer's Phone _____

Emergency Contact _____

Parent Email Required For Communication Purposes!! PRINT LEGIBLY PLEASE

Dancer's Email _____ School _____

Dancer's DOB _____ Current Age _____ Current Grade _____

Studio Waiver and Release

I, _____ (print name) have chosen to have my child, _____ (print child's name), participate in dance instruction given by Van De Veere Productions. I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur. I/we agree to release and hold harmless Van De Veere Productions including its teachers, and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold Van De Veere Productions liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes or which may occur at an Van De Veere Productions sponsored event outside the studio. I authorize and agree that Van De Veere Productions may take and use photographs, videos or likenesses of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE and HAVE READ THE SAME PRIOR TO SIGNING.

Signature _____ Date _____