

Danceworks Youth Student Waiver/Release

Student's Name (please print) _____

I, _____ hereby release Danceworks Inc. and its staff from any (Print Parent/Guardian Name) and all liability for injuries, illnesses, or loss of property while at Danceworks, Inc. during my child's participation in any and all programming.

Furthermore, I agree to the following conditions :(please initial each statement)

- I have read and understand the terms and expectations as presented in the student/parent handbook. Parent/guardian initials _____
- I understand that under NO circumstance does Danceworks Inc. issue a full refund, however, a credit may be issued. In the event a credit is issued, said credit will be valid for one year from the date of issue after which time the credit will expire. Credits are not automatic and must be requested. All purchases are final in accordance with studio policies and procedures. Parent/guardian initials _____
- Any classes missed must be made up within the session that it was missed. Parent/guardian initials _____
- I give permission to Danceworks to photograph/video/interview/my child for marketing and promotional purposes. Parent/guardian initials _____

Parent/guardian signature _____ Date ___/___/___

**We are in the process of updating our student records.
As you know we are a non-profit organization, and for grant reporting purposes, we
need to know the school names and ethnicity of our youth students.**

Student's School: _____

Is this school a Milwaukee Public School? Yes No

Please circle student's ethnicity (for grant reporting only):

American Indian or Alaska Native
Asian
Black or African American
Hispanic
Multiracial
White