



Studio Agreement and Liability Waiver

I, _____, parent of _____, understand dance and related activities involve risk of injury. I agree I will not hold Adonai School of Ballet and Fine Arts, Nicole Onuszkanycz, or any staff member responsible for any injury or damages incurred by any of my family members while participating in classes or visiting the facility.

Authorization of Medical Care

In case of emergency or injury while participating in classes or visiting Adonai School of Ballet and Fine Arts, I authorize medical care for my child and will accept responsibility of medical expenses.

_____ (initial)

Picture Release

I hereby give consent for myself and my child to be photographed or videotaped during any class, rehearsal, or recital for any media use.

_____ (initial)

Parent/Guardian Signature_____

Date_____