



Release Form

Date: _____.

Facility Name: Dancer Strong Academy _____.

Facility Address: 192 Industrial Blvd Suite 103 _____ McKinney, TX _____ 75069 _____
Street City, State Zip Code

Participant Name: _____
Last First

Participant D.O.B.: _____ / _____ / _____ Participant Gender: **M** or **F**

Participant Email: _____.

Participant Cell Phone: (____) _____ - _____.

Contact Name: _____ Relation: _____
(If different from participant) Last First Mother/Father/Guardian

Email Address: _____.

Address: _____ TX _____
Street City, State Zip Code

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____.

Emergency Contact: _____ Telephone: (____) _____ - _____.

Waiver

In consideration of the benefits of instruction provided by Dancer-Strong for my child, I, intending to be legally bound, do hereby enroll my child named above, in the program and do hereby waive claim and release Dancer-Strong, Directors, Faculty, instructors, personnel, and Facility named above for claim or liability for any injury, or accident occurring or arising from the instructional program or incidental sponsored activities.

The undersigned grants Dancer-Strong his/her permission and authority to use his or her son's or daughter's name, voice, picture, and likeness in connection with any and all publications, media broadcasts, promotional photographs, promotional posters, commercial products, including but not limited to pictures, advertising, Web site and any other commercial items.

PARTICIPANT (over 18)

PARENT/GUARDIAN

SIGNATURE _____ Date: _____.