Student's Name:_____
Last, First

Address:_____
Zip Code

Parent/ Guardian: _____

Cell Phone: _____ Hm. Phone: _____

D.O.B: _____ Grade: _____ Age: ____

Email: _____
(Will not be shared)

Release Form and Waiver

I/We realize the possible risk of injury in all classes offered at Heather Stolle's School of Dance. Therefore, I am releasing and waiving Heather Stolle's School of Dance, the owner, staff and instructors from any liabilities, claims, expenses that may arise from participation in any classes offered.

Dancer's Name _____

Parent/ Guardian Signature: _____

Date: _____