

## Free Trial Class Waiver

I hereby agree to let my child participate in a free trial class.

I understand the risks inherent in dance and/ or gymnastic activity. I release Turning Pointe Dance Center and its staff from any and all legal liability and medical cost arising due to any injury incurred during instruction or participation in any TPDC related activity.

Child's name: \_\_\_\_\_

Parent's name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2019

Class Trial #: \_\_\_\_\_