



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: _____ Town _____ Zip _____

Phone Number: _____

Email: _____

Signature: _____ Date ____/____/____

Class Trial #: _____

191 Mountain Avenue
Springfield, NJ 07081
973-376-2111

www.turningpointdancecenter.com
Info@turningpointdancecenter.com

565 Rahway Avenue
Union, NJ 07083
908-686-8689