

DROP-IN CLASS WAIVER

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First Name:*		Last Name:*		
Email Address:			Age:	Gender:
Home Address:		City:		
State:	Zip:	Phone:		
Diago coloct any/all that ar	n ha			
Please select any/all that ap	рріу:			
□ I am a former Rock Scho	ool student. Year(s) attend	ded:		
□ I am a student. School: _				
□ I am a professional dance	er. Company:			
□ I am a teacher. School: _				
□ Other: ———				
Emergency Contact Inform	nation*			
Name:	Phone:			
Medical Release and Waive				
I personally, as the participatin for myself, my heirs, executors representative, successor, and, with my association with the a participating in and returning f	g student or the parent or g s, and administrators, waive for assigns for any and all da bove program, or any activi rom any activity associated v	and release The mages which ma ties related there with the program	Rock Schoo y be sustail eto, includir n. The name	nding to be legally bound, do hereby, of for Dance Education, their officers, ned or suffered by me in connection ng without limitation, my traveling to or ed student has received a physical ny activity associated with the program.
Signature			Date	
Photo, Video, Audio, & Int	erview Release*			
Unless otherwise noted, as the permission to be photographe consent for the publication, br The Rock School. In addition,	e participating student or the ed, videotaped and/or interv oadcast, or other use of the I, intending to be legally bou	iewed by The Ro e student's image und for myself, m	ock School s and/or w y heirs, exe	student, my signature below grants or any of its authorized agents, and ords for the purposes of promoting ecutors and administrators, release The y for such uses of my or my child's
Signature			Date	