

Release Form

Please complete this form and return to Pottstown Dance Theatre prior to the start of class(es). One form per dancer.

I, _____, of _____, PA do hereby assume all risk of personal injury (including loss of life) while attending and/or participating in any dance training. Acting for myself, my heir, personal parties, and assigns, do hereby release *Pottstown Dance Theatre* of and its employees from all liability including claims at law, which may result directly or indirectly from my attending and/or participating in this dance school and/or any of its activities on or off the premises.

Signature(s):

Name: _____ Date: _____
Dancer

Name: _____ Date: _____
Parent/Guardian (Students Under 21)

Pottstown Dance Theatre
72 W. Main Street, Pottstown, PA 19465