



WAIVER POLICY

STUDENT NAME: _____

I certify that the above-named enrollee has no condition that prohibits full participation in classes at Sharon West Performing Arts Studio (SWPA). I agree not to hold SWPA or any of its instructors or employees liable for any injury or damage which may occur to me, or my child as a result of my/our participation in classes or related activities. I hereby release SWPA, its affiliates, agents and employees for any liability for accidents while participating in activities at SWPA.

In case of accident and I (the undersigned) cannot be reached, I give SWPA, its agents and employees permission to contact, and if necessary, obtain medical attention.

SWPA and its employees are not responsible for lost, stolen or damaged personal belongings. There are no refunds on monies paid. I understand and accept all enrollment conditions.

STUDENT/PARENT OR GUARDIAN: PLEASE READ, THEN SIGN AND DATE BOTTOM LINE

Sign

Date