

**This waiver is for all Brighter Days Dance Studio activities running from
September 1, 2025 - August 31, 2026.**

Family Last Name _____

Child Name(s) & Age(s) _____

Please initial each statement, if you are in agreement.

_____ I understand and agree that Brighter Days Dance Studio and its staff assume no responsibility for any injury or medical expense incurred by my child(ren) or myself.

_____ We agree to hold harmless, Brighter Days DanceStudio, from liability for injury or damage to person or property because of said student's participation in Brighter Days Dance Studio activities.

_____ I understand that the mission of Brighter Days Dance Studio is to nurture spiritual growth using Bible scriptures, prayer, God-honoring dance moves and Christian music in all classes and activities.

_____ I consent and agree that Brighter Days Dance Studio, its employees or volunteers have the right to take photographs and videos of my child during class or activities, and to use these in all media, now or hereafter known. I do hereby release to Brighter Days Dance Studio, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately.

I represent that I am at least 18 years of age, have read and understand the foregoing statements and am competent to execute this agreement.

Parent Name (Printed) _____

Parent Signature _____

Contact Person & Phone Number _____

Back-up Contact Person & Phone Number _____
