

JOB Dance Studio
4286 Mt. Carmel Tobasco Rd.
Cincinnati, OH 45244
513-528-1214

One Time Waiver

Student's Name _____ **Date** _____

Parents Name _____ **Ph #** _____

Address _____

Guest of _____

Email address _____

Class Attending _____

Indicate any additional medical conditions, chronic ailments, allergies, or personal issues we should be made aware of:

WAIVER OF LIABILITY

Any activity involving height or motion incurs the possibility of accidental injury. While it is our intention to provide your child with safety and protection, it is not the responsibility of DMSD's Just Off Broadway Inc. or its staff to be held liable for any injury occurring while under JOB's instruction or supervision. As parent or guardian of above named student, I hereby agree to hold harmless DMSD's Just Off Broadway, and assume full financial responsibilities for any and all treatment required due to injury while training at JOB.

PARENT'S SIGNATURE _____

CONSENT FOR MEDICAL TREATMENT

In the event we are unable to contact the authorized person(s) listed on the front of this form, I the parent or legal guardian of the above named student, hereby give my consent for emergency medical care as prescribed by a duly licensed doctor of medicine or dentistry. Transportation to the hospital will be at the discretion of the Emergency Technicians on site.

PARENT'S SIGNATURE _____

I understand that Just Off Broadway supports a website and may post student's pictures.

PARENT'S SIGNATURE _____ **DATE** _____

You must have this form to attend the complementary dance class