

Ms. Bonnie's School of Dance

We at Ms. Bonnie's School of Dance are taking all precautions necessary to keep our dance family safe. By signing this waiver, I acknowledge that it is my decision for myself and my dancer to return to dance and will assume all responsibility for any illness or accidents. I as a parent and/or legal guardian assume the risks and choose for my child to participate in dance classes and the recital. Heretofore, I will bring no legal action against Ms. Bonnie's School of Dance, Bonnie Medlin, and any staff, assistants or associates if my child becomes ill.

Student Name: _____

Student Signature: (If 18 or older) _____

Parent/Guardian Name: (Printed) _____

Parent/Guardian Signature: _____