

SPECTRUM II ART & DANCE STUDIO Waiver/Registration Form for Spring Session 2011. Send form and \$5 Registration Fee to:
Spectrum II, 525 S. Main St., Moscow, Idaho 83843, (208) 882-1445, ubudanceguru@msn.com, www.spectrum2studio.com

Participants Name: _____ Participants Birth Date & Age: _____

Registering for: _____ E- Mail Address: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Other: _____

Allergies, health problems, or injuries I should be aware of: _____

In consideration of the opportunity to participate in activities at Spectrum II Art & Dance School, I individually or, as a Parent/Guardian on behalf of a minor, do hereby waive, release, and discharge any and all rights, demands and claims for damages that I may have against Spectrum II Art & Dance School and It's employees, for all injuries and losses related to activities of Spectrum II Art & Dance School. I attest that I have full knowledge of the risks involved with training in the arts & particularly dance. I assume all responsibility for my own medical and emergency expenses in the event of an accident, illness, or other incapacity. Participants or Parent/Guardian (if participant is under 18 years of age) must sign and date this form.

Participant (please print): _____ Participant's signature, if over age 18: _____ Date: _____

Parent/Guardian (please print) _____ Parent/Guardian's signature: _____ Date _____