

Trial Class  
Medical Release and Waiver of Liability

I \_\_\_\_\_ (parent/guardian), certify that my child \_\_\_\_\_ is in good physical condition and can participate in the scheduled activities. I grant permission for the director of First Coast Center for the Arts Inc. to act for me according to their best judgment in any emergency requiring medical attention. The undersigned releases and discharges First Coast Center for the Arts Inc. and all it's employees exercising reasonable care within their scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Please print Parent or Guardian's name

\_\_\_\_\_  
Visitors Phone Number

\_\_\_\_\_  
Visitors Email

\_\_\_\_\_  
Name of Dancer

\_\_\_\_\_  
Age of Dancer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Class(es) trying

<b><u>Office Use Only</u></b>				
Contacted use by: _____	Phone _____	Email _____	Walk-in _____	Facebook/Internet _____
(Date)	(Date)	(Date)	(Date)	(Date)
Class(es) Teacher recommends: _____				

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