

Platinum Performance Dance Academy

TEAM CONTACT/SPOTTING RELEASE FORM

**Please note: To authorize contact/spotting for your child at Platinum Performance Dance and Fitness Inc (LL Dance and Fitness Inc.), we must have the following information completed and returned to the front desk before the dancer can participate.

Child's Name: _____ Age: _____ Date of Birth _____

Child's Name: _____ Age: _____ Date of Birth _____

Parent's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact: _____ Phone # _____

In consideration of your accepting this application, I the undersigned intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against Platinum Performance Dance and Fitness Inc (LL Dance and Fitness Inc.), and its employees, successors and assigns for damages, injuries and / or claims which I might otherwise have arising out of said event. I attest and verify that I am physically fit for the sport of dance and gymnastics. My physical condition has been verified by a licensed medical doctor. If signed by a parent, the parent agrees to release and hold the above-named organization and persons harmless of any claims and / or rights which may be asserted by or on behalf of the application. I also give permission for my child's teachers to make contact corrections and spot them for any necessary skills.

Signature of parent or guardian

Date