

WESTWOODS CENTER OF PERFORMING ARTS

RELEASE FORM/WAIVER

I _____, give my permission for
_____ to participate in “Bring A
Friend” Week at Westwoods Center of Performing
Arts. I understand that my child will be participating
in classes held at the school. I waive the right to any
legal action for any injury sustained on school
property resulting from normal dance or gymnastics
activity or any other activity conducted by the
students before, during or after class time.

Signature of Parent _____

Parent’s Name (Printed) _____

Address _____

Phone _____ E-mail _____

Date _____

