

# Dance and Cheer

Solomon Schechter  
Sep 13<sup>th</sup> -Nov 1<sup>st</sup> 2010  
(Liability Release Form)

Child's Name \_\_\_\_\_ Student's Grade \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLEASE READ THE FOLLOWING:** I, the undersigned parent/guardian, agree and understand that classes are taken at the participant's own risk, without liability to the Solomon Schechter Day School, its officials, or Ultimate Potential Fitness, LLC instructors. Although injuries rarely occur, those participating should have their own insurance or be aware that expenses for any medical treatment or care must be borne by the individual participant. I hereby authorize Ultimate Potential Fitness instructors to provide basic first aid and/or seek advanced emergency medical attention for the participant from designated Emergency Medical Service providers for illness and/or injury occurring during program. Please notify of any medical or health concerns in writing and return with this form.

Read and understood: \_\_\_\_\_ Date: \_\_\_\_\_