



# National Dance Week

## Student Release Form

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This release is required to participate in NDW Master Classes.

Student Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### WAIVER AND CONSENT

I, the undersigned, agree that I will not hold National Dance Week, CKDC, Washington University, Linda Green, NDW Missouri State Director, Kacy Voskuil, or St. Louis Academy of Dance liable for injuries sustained or illness contracted by me while participating in the St. Louis NDW Master Dance Class on April 29, 2018. I grant permission to National Dance Week and Linda Green to use my photographs and /or videotape for advertising and publicity purposes in connection with National Dance Week.

Signed by: (parent or guardian if under 18)

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