
Student Name

Class Time

WAIVER FOR ACROBATICS

Dear Parent,

While we are proud that we provide the safest conditions for our Acrobatics Program, the nature of the activity still leaves the potential of injury. Complete control of the situation is impossible for us, though we try.

Yet, the course offers much joy and development to the individual. So rather than closing the class due to the sky-rocketing insurance rates, we ask that those participating in the great art would sign the agreement below. Thank you.

Sincerely,



Michael and Katherine Anthony

I _____ hereby waive Fishback Studio of the Dance

of any responsibility for any injury my child _____ may incur
Child's Name

in acrobatics class.

Parent Signature

Date