

NETA Minor Waiver and Permission Form

Workshop City:

Workshop Date(s):

Workshop Facility:

Dear Student,

Please read this form carefully. Also, have your guardian read this waiver / permission form carefully. You and your parent / guardian must sign in the spaces provided and return this form (keep a copy for your files) to NETA*.

I agree that NETA, its affiliates and co-sponsors are exempt from liability or disability that might be incurred as a result of dance/exercise/movement instruction. If a medical problem exists, permission to attend this workshop will be obtained from a registered medical doctor (M.D.)

Workshop Student Signature

Date

I, as parent / guardian of _____ (minor's full name) give my permission for him / her to attend the above-mentioned workshop.

Parent / Guardian Signature

Date

* Note: This form must be returned with your registration.