



ARTISTIC DIRECTOR: TERI DESROSIERS



Phone: 603-893-1082

Email Address: SDNTERI@Comcast.Net

Location: 160 Main Street, Salem, NH

Mailing Address: PO Box 273, North Salem, NH, 03079



Waiver & Release Form

I am fully aware of and understand the risks that any physical activity may cause accidental injury. I hereby waive and release **The Salem Dance Network** and it's faculty (as well as transportation providers) from any and all claims, lost liabilities, expenses, or judgement arising out of my participation, my child, or ward's participation in the school's programs (inclusive of out of school dance related functions) or any illness or injury resulting there from.

I am fully aware of and understand that **The Salem Dance Network** requires a \$15.00 late fee for any payment past due and a \$25.00 service charge for all returned checks. A written 30 day notice for termination of services is required after 2 months of enrollment. I also agree to pay all balances due to **The Salem Dance Network** prior to termination or by June 2017.

PLEASE PRINT

Student's Name _____ Age _____ Date Of Birth _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Mother's Name _____ Cell _____ Email _____

Father's Name _____ Cell _____ Email _____

Student's Name _____ Cell _____ Email _____

Emergency Contact (Other Than The Above) _____

Medical Conditions _____

Signature Of Parent/Legal Guardian (18 Yrs Or Older)

Date