



WAIVER

STUDENT'S NAME

I give permission for my child to take part in classes at The Stage Musical Theatre Academy. I release The Stage Musical Theatre Academy, Stefanie Swinnard, all staff, contract instructors, employees and associates from liability in case of accident during activities related to The Stage Musical Theatre Academy as long as normal safety procedures have been taken.

By signing here I am confirming that I have updated all of my child's online registration information and have disclosed all relevant medical information and related processes to The Stage Musical Theatre Academy. I have also ensured that all emergency contact information has been given to The Stage Musical Theatre Academy.

PARENT/GUARDIAN'S SIGNATURE

DATE