

# **WALLA WALLA DANCE COMPANY & DANCE COMPANY 2 RELEASE FORM**

Welcome to the Walla Walla Dance Company  
located in the historic Copeland Building at 129 E. Alder St, Ste. A  
downtown Walla Walla, WA. 99362 wallawalladancecompany.com

**WWDCo Directed by Nancy Wells  
WWDCo2 Co-Directed by Jennifer & Justine Clark**

**STUDENT NAME:**

**Age at registration & DATE OF BIRTH:**

**CLASS/ES:**

**PARENT NAME:**

**MAILING ADDRESS:**

**PRIMARY PHONE CONTACT:**

**PARENT EMAIL ADDRESS:**

**STUDENT EMAIL ADDRESS if applicable:**

**In case of emergency,**

**EMERGENCY CONTACT Person:**

**EMERGENCY CONTACT PHONE NUMBER:**

**Please list any medical conditions or allergies:**

**NEW REGISTRATION AND LIABILITY WAIVERS MUST BE IN PLACE PRIOR TO PARTICIPATION.**

Parent or legal guardian signature required for all students under 18 years of age.

By signing below, I agree to the following waiver and liability release.

I acknowledge that I/the student am physically fit with no health, medical, or physical problems that preclude my participation in the activities of the Walla Walla Dance Company (WWDCo & Co2).

I understand and acknowledge these activities may require special conditioning and skills that involve risks of bodily injury and beyond that are inherent in physically demanding activity.

I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of participating in these activities and agree that the Walla Walla Dance Company is not liable for any injury incurred from my participation in these activities.

By participating, I agree to follow safety guidelines set within the WWDCo and to attend classes only when in physical health and condition to do so safely.

I acknowledge that these guidelines are in place for the protection and safety of all students and faculty of the WWDCo.

The minor's parent or guardian to sign on behalf of the student agrees with the nature of the WWDCo's activities and believes the minor to be qualified to participate in such activities, releasing all liability.

All participants will follow additional safety protocols and guidelines to protect against covid-19.

**Parent/Guardian Signature:**

**Date:**