

DMSD's Just Off Broadway Inc.
4286 Mt. Carmel Tobasco Rd.
Cincinnati, OH 45244
513-528-1214

COVID RELEASE OF LIABILITY WAIVER

Student's Name _____ Date _____
Parents Name _____ Ph # _____
Address _____
Email address _____

I HEREBY WAIVE, RELEASE, AND DISCHARGE DMSD'S Just Off Broadway Dance Studio Inc. and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of classes, camps, intensives, private instruction, choreography or any activity I may participate.

PARENT'S SIGNATURE _____

I certify that I and my children have read and will comply with Just Off Broadway's new studio protocols and procedures and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

PARENT'S SIGNATURE _____

DATE _____