

## Student Waiver & Release of Liability

As the parent or le	gal guardian, of	(child's name)
I	(parent/guardian's name)	
or illness if I am ur	o Ahead to seek medical servable to be contacted. I furth access of benefits allowed by	<u> </u>
and activities provagents One Step A and waive as agair including any consany kind whatsoev voluntarily accept action the physica in contract, by stat Occupiers Liability BREACH OF DUTY WHATSOEVER. I a engaged in can be	ided by One Step Ahead, its thead. I release One Step Ahead all recousequential damage or loss, correct arising from his/her particate legal risk, thereby expressing from all liability atte, specifically including be	ead from any and all liability urse, loss or damage, claims, causes of action of cipation in the activity. I ssly giving up any right of whether such liability arises ut not limited to the IGENCE OR BY REASON OF ANY OTHER MATTER ature, that the activities pants to risks and hazards
Contact Number to be rea	ched at during FREE trial class:	
Email Address to receive	registration information for 2018/19 dan	nce year:
	Witness:	
I have had sufficient oppagree to be bound by its		t. I have read and understood it, and I