



## NETA Minor Waiver and Permission Form

Workshop City: \_\_\_\_\_

Workshop Date(s): \_\_\_\_\_

Workshop Facility: \_\_\_\_\_

Dear Student,

Please read this form carefully. Also, have your guardian read this waiver / permission form carefully. You and your parent / guardian must sign in the spaces provided and return this form (keep a copy for your files) to NETA\*.

*I agree that NETA, its affiliates and co-sponsors are exempt from liability or disability that might be incurred as a result of dance/exercise/movement instruction. If a medical problem exists, permission to attend this workshop will be obtained from a registered medical doctor (M.D.)*

\_\_\_\_\_  
Workshop Student's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Date of Birth

Have you earned a high school diploma or GED?     Yes     No

Name of school: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

\_\_\_\_\_  
*I, as parent / guardian of \_\_\_\_\_ (minor's full name) give my permission for him / her to attend the above-mentioned workshop.*

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\* Note: This form must be returned with your workshop registration.