

# General Release

Class will be attending\_\_\_\_\_.

name \_\_\_\_\_ address \_\_\_\_\_

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phone \_\_\_\_\_ / cell phone \_\_\_\_\_ email \_\_\_\_\_

I release Dubuque Dance Studio and Gymnastics Club, its directors and staff, and any organization or person associated with, from any and all responsibilities due to accident or injury sustained in/at/around/acquainted with Dubuque Dance Studio and Gymnastics Club and the class I am attending. In the event of an emergency I give DDS&G, its coaches or staff permission to take care of the medical emergency.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Visa/mc/discover \_\_\_\_\_ exp \_\_\_\_\_ code \_\_\_\_\_

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