

Odyssey Dance Release Form

Please list names of all dancers along with a signature of a parent or legal guardian.

This form is mandatory and must be completed and returned to Odyssey prior to the competition in order to participate.

By signing this form you agree to cooperate with all Odyssey staff and officials and follow instructions and rules in accordance with their directions. You are also informed that due to the nature of this activity, the possibility of injury does exist as with any athletic activity. You hereby, release Odyssey Dance Competitions and all of its associates from any and all contracts, claims, suits, actions or liabilities for damages, injuries or loss of any kind resulting from any sort of participation at Odyssey Dance Competitions. This release shall be binding.

COMPETITION CITY _____ COMPETITION DATE _____

STUDIO NAME _____

DANCERS INFORMATION

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Name _____

Address _____ City _____ ST. _____ Zip _____

Name _____

Address _____ City _____ ST. _____ Zip _____

Name _____

Address _____ City _____ ST. _____ Zip _____

Name _____

Address _____ City _____ ST. _____ Zip _____

Name _____

Address _____ City _____ ST. _____ Zip _____

Name _____

Address _____ City _____ ST. _____ Zip _____

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED