

Newport School of Artistic Movement
Liability Release Form

In consideration of Newport School of Artistic Movement and Pacific Dance Ensemble, I agree to assume all risk of accident or injuries sustained from whatever cause, in connection therewith and release Newport School of Artistic Movement, Pacific Dance Ensemble and their officers, agents and employees from any and all liability for such accident or injury.

Participant Name (printed) Date

Signature of Parent of Legal Guardian Date

Mail to:

NSAM
454 SW 7th St.
Newport, OR 97365