

STUDENT MASTER LIST & PARENT/GUARDIAN WAIVER

Please print each performer's name, along with parent/guardian name, signature, and telephone number. If necessary, please make copies of this form for additional names. Waiver must be submitted before competing.

**Please also see page 2 for Contact Tracing List when required by venue.*

Studio Name: _____ Entry Location: _____

Dancer's Name (please print)	Parent/Guardian Name (please print)	Parent/Guardian Phone #	Parent/Guardian Signature
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Parents/Guardians: *in signing above, you acknowledge and agree to adhere to the policies of Spirit of Dance Awards. As the parent/guardian, you acknowledge, and release the directors of Spirit of Dance Awards, all employees, and those contracted through Spirit of Dance Awards, Performance Arts Inc., of any/all claims for property loss, and/or damages, or any/all injuries, and/or illnesses (including Covid-19), which may be sustained by yourself, children, and/or family members/guests, while participating in any activity connected with this competition. Your Studio Owner/Director or authorized representative has agreed electronically when registering for this event to carry general liability insurance for all dancers and employees, including themselves, of their respective studio. All participants release the rights to the use of their photos and/or videos by Spirit of Dance Awards, Performance Arts Inc., for promotional purposes.*

CONTACT TRACING LIST

If required, please list any persons attending, (teachers, parents, siblings, etc) other than dancers listed on waiver. Please include all requested information. When required, information must be received by SDA prior to competition.

**Number of Attendees will be limited as per state and venue restrictions at the time of event.*

Attendee's Name (please print)	Contact Phone #	Attendee's Name (please print)	Contact Phone #
1.		26.	
2.		27.	
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