

Liability Waiver

I, _____ relieve the Maimouna Keita School of African Dance, Inc., its directors, board of trustees, administrative staff, its instructors and guest artists of any liability of injury sustain while participating in the Maimouna Keita School of African dance conference, programming, events, classes or workshops held throughout the year. Nor, do I hold any liability to MKSAD for any loss/stolen and or damage property while participating in any or all parts of MKSAD. I understand that I am participating at my own will and I am aware of my limitations that includes physical, mental and/or emotional. Your signature below indicates you are aware of the content of the waiver form and will abide its content for the duration of my participation

Signature _____ Date _____

Maimouna School of African Dance