

CHILD'S NAME _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

PHOTO/VIDEO RELEASE

I, _____, GIVE / DO NOT GIVE (PLEASE CIRCLE ONE) ART OF MOVEMENT DANCE STUDIO PERMISSION TO POST PHOTOS AND/OR VIDEO OF MY CHILD FROM BRING A FRIEND TO DANCE WEEK ON THEIR SOCIAL MEDIA ACCOUNTS.

LIABILITY RELEASE

LIABILITY WAIVER

I, _____, RECOGNIZE AND UNDERSTAND THE RISKS OF PHYSICAL INJURY INHERENT TO DANCE AND DANCE TRAINING AND I AGREE TO FULLY ASSUME THOSE RISKS. I HEREBY RELEASE THE ART OF MOVEMENT DANCE STUDIO, ITS AGENTS, AFFILIATES, DIRECTORS, MEMBERS, EMPLOYEES, AND INSTRUCTORS FROM ANY AND ALL LIABILITY FOR INJURY, ILLNESS, LOSS, DAMAGE, OBLIGATION, EXPENSE OR PENALTY, INCLUDING REASONABLE ATTORNEY FEES, WHICH MAY BE SUSTAINED BY ME OR MY CHILD IN CONNECTION WITH MY OR MY CHILD'S ATTENDANCE AT OR PARTICIPATION IN ANY DANCE CLASSES, REHEARSALS, WORKSHOPS, OR PERFORMANCES.

INITIALS _____

INDEMNIFICATION

I HEREBY AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE ART OF MOVEMENT DANCE STUDIO, ITS AGENTS, AFFILIATES, DIRECTORS, MEMBERS, EMPLOYEES, AND INSTRUCTORS FOR ALL LIABILITIES, COSTS AND JUDGMENTS ARISING FROM ANY NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS COMMITTED BY ME OR MY CHILD WHICH RESULT IN INJURY OR DAMAGE TO ANY PERSON OR PROPERTY.

INITIALS _____

ACKNOWLEDGEMENT OF WAIVER

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE FULLY INFORMED MYSELF OF THE CONTENT OF THIS DOCUMENT BY READING IT IN ITS ENTIRETY BEFORE I SIGN IT, AND I UNDERSTAND THAT I SIGN THIS DOCUMENT AS MY OWN FREE ACT AND DEED; NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, APART FROM THE WRITTEN STATEMENT, HAVE BEEN MADE. I FURTHER STATE THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND AM FULLY COMPETENT TO SIGN THIS AGREEMENT; AND THAT I EXECUTE THIS RELEASE FOR FULL, ADEQUATE, AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY THE SAME. I FURTHER STATE THAT THERE ARE NO HEALTH-RELATED REASONS OR PROBLEMS WHICH PRECLUDE OR RESTRICT MY OR MY CHILD'S PARTICIPATION IN THIS ACTIVITY, AND THAT I WILL PAY ANY MEDICAL COSTS THAT MAY BE ATTENDANT AS A RESULT OF INJURY TO ME OR MY CHILD.

INITIALS _____

PLEASE PRINT CLEARLY

SIGNATURE OF PARTICIPANT (IF OVER 18) _____ DATE _____

PRINTED NAME OF PARTICIPANT _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18) _____ DATE _____

Art of Movement
Dance Studio **BRING A FRIEND TO DANCE WEEK** **MAY 6TH-11TH, 2019**

PRINTED NAME OF PARENT/GUARDIAN _____