

Form: Release from Liability, Waiver of Claims & Assumption of Risk



RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

Last Name		First		Date	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			

I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Dance Works Academy, as well as its directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with Dance Works Academy, including dance classes, rehearsals, performances, parties, camps or other activities. I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by Dance Works Academy, and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian. By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in dance classes, rehearsals, performances, parties, camps or other activities at Dance Works Academy.

Further I understand and acknowledge that because of the physical nature of dance, there may be physical contact between instructors and students during classes or other activities. I understand that at times, for proper instruction and safety, physical contact is required and necessary.

I have carefully read this Waiver, Release, & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will.

ACCEPTED BY

Print Parent/Guardian Full Name	
Signature Parent/Guardian	
Print Student/Child Name	
Date	