

“DANCERS’ STUDIO”

Name _____ DOB _____

Address _____

Phone # _____ Alternate # _____

E-Mail address _____

Emergency contact name and number _____

Mother’s name _____

Father’s name _____

Any medical concerns _____

As in with any sport, there is a risk of injury. Necessary preventive measures are taken; accidents, however, are occasionally inevitable. Dancers’ Studio and/or Arlene Smith are not responsible for injuries and/or accidents as necessary preventive measures are taken.

Waiver and release of liability

By signing this waiver of claim and release of liability, I acknowledge that there are certain inherent risks associated with dance, any of which could result in property damage or bodily injury. These risks include, but are not limited to, warm-up, classes, rehearsals, performances, photo shoots, or transport of artists. In consideration for the consent and right given to the undersigned to dance with Dancers' Studio, and with full understanding of the inherent risks involved, the undersigned expressly assumes all the risks of any nature whatsoever and hereby releases and forever discharges Dancers' Studio and/or Arlene Smith from any claim or liability of property or bodily injury of any nature whatsoever arising out of Dancers' Studio operations, and the undersigned acknowledges full and total personal insurance responsibility while participating with Dancers' Studio.

Signature of parent or Guardian

Date