

Release Waiver

As the parent or legal guardian of the student named below I give my voluntary consent for the dancer's participation in all programs and activities of The Studio.

I acknowledge that this activity involves physical exertion and carries with it the potential for injury. Harm could result and injuries may include, but are not limited to, muscle strains and tears, broken bones, severe injuries and even death. As parent or legal guardian I agree to provide health insurance for the above-named student or guarantee payment of any and all medical expenses incurred as a result of training, performing or participating in activities of The Studio.

In consideration of the benefits obtained from The Studio, I hereby release, indemnify and hold harmless The Studio, its owners, and all employees and agents of these parties from all liabilities, suits, claims, and/or demands of any kind or nature, legal or financial, whether caused in any way by the negligence or not, arising from the participation in or observation of any activity pertaining to The Studio for injuries to any person or property, whether on or off the premises.

This Acknowledgment of Risk and Waiver of Liability has been read by me, understood completely, and signed voluntarily. I am 18 years of age or older and authorized to sign as a parent/guardian or for myself.

Student

Student

Signature

Date