

Studio 4 School of Dance

Waiver and Release of Liability

DISCLAIMER: *STUDIO 4 SCHOOL of DANCE* IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON WHILE PRACTICING, TRAINING, ENROLLED IN A CLASS OR PARTICIPATING IN OPEN FLOOR, WORKSHOPS, PERFORMING, SPECIAL EVENTS OR IN ANY OTHER WAY INVOLVED IN DANCE, TUMBLING, MOVEMENT, CHEERLEADING OR ANY OTHER ACTIVITIES FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF *STUDIO 4 SCHOOL of DANCE*, ITS OWNERS, STAFF OR AGENTS.

In consideration of my participation, I hereby release and convent not-to-sue *Studio 4 School of Dance* or Family 4 Fitness Inc., its owners or any of its staff, agents, volunteers and members from any and all present and future claims resulting from ordinary negligence on the part of *Studio 4 School of Dance* or others listed for property damage, personal injury, or wrongful death arising from a result of my child or myself engaging in or receiving instruction in dance, tumbling, movement, cheerleading, or any other activity or any activity incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that dancing and aerobic activities are vigorous sporting activities involving lifts and rotations, in a unique environment and as such they pose risk of injury. I understand that dance, tumbling, movement, cheerleading and related activities always involve certain risk, including but not limited to, death, serious neck injury and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles, and internal organs, and that the safety equipment and apparatus provided for my protection, including the active participation of instructors or teachers who will spot and assist in the performance of certain skills may be inadequate to prevent serious injury. I understand that participation in dance, tumbling, movement, cheerleading and related activities incidental to active participation in movement including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control of their actions or who may not see other students on the floor. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless *Studio 4 School of Dance* and all others, listed for any and all claims arising as a result of my child or myself in or receiving instruction at *Studio 4 School of Dance*, activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and affect. I further agree that the venue for any legal proceedings will be held within the State of California.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of *Studio 4 School of Dance* or Family 4 Fitness Inc. or any person listed above.

By signing this waiver and release of liability, I hereby represent that I am the parent or legal guardian of the person who will participate in the herein described activities or be instructed by *Studio 4 School of Dance*. I am authorized to execute this document on behalf of the herein described person. Furthermore, I represent that consent or authorization from any other person is not legally required.

Participant's Signature _____

Date _____

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____

STUDIO 4 SCHOOL of DANCE

BILLING INFORMATION AND EMERGENCY RELEASE

STUDENT'S NAME _____ PHONE _____

MAILING ADDRESS _____ CITY _____

E-MAIL ADDRESS _____

MALE _____ FEMALE _____ DATE OF BIRTH _____

MOTHERS NAME _____ CELL PHONE _____

FATHERS NAME _____ CELL PHONE _____

NAME OF PHYSICIAN _____ PHONE _____

IN CASE OF EMERGENCY _____

PHONE _____ ADDRESS _____

STUDENT SIGNATURE _____ DATE _____

PARENT/ GUARDIAN _____ DATE _____

Does your child have any medical conditions or problems we should be aware of? (Allergies, asthma, diabetes, epilepsy, heart problems, hemophilia): _____

Please list any physical limitations that *Studio 4 School of Dance* should be aware of: _____

Signature of parent or Guardian _____ Date _____