

RELEASE OF CLAIMS AND TREATMENT AUTHORIZATION

Release authorization made on (date) _____ / _____ / _____ by

Student (full name)

Parent/Guardian of minor student

I am aware that dance classes, and fitness exercises which are associated with it, place unusual stress on the body and carry the risk of physical injury. I assume the risk for myself or (on behalf of my child, if a minor), and agree that Paris Ballet & Dance shall not be liable in any way for injuries sustained during attendance at the studio or any related functions. Paris Ballet & Dance is not responsible for any student not on the property prior to classes, between classes or after classes.

I hereby release and discharge Paris Ballet & Dance, its agents and employees from all claims, demands, actions, judgments and executions which the undersigned heirs and executors may claim to have against Paris Ballet & Dance or its successors, for all personal injuries caused by or arising from the above described activities, any activities related thereto and/or failure to follow studio regulations and rules.

Further, I grant Paris Ballet & Dance, its agents and employees to authorize any emergency treatment that may be required for me (or my child, if a minor).

Insurance Company

Policy Number

I, the undersigned, have read this release/authorization form and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian

Phone

Email