

Dance Dynamics

Medical Release and Liability Form

- I. **I/we acknowledge and understand that participation in dance classes and activities could involve possible personal injury. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Dance Dynamics.**

- II. **I/we agree to release and hold harmless Dance Dynamics including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future.**

- III. **I/we will not hold Dance Dynamics liable for any personal injury or personal property damage which may occur on the premises before, during, or after class.**

- IV. **Furthermore, in the event the participant requires medical attention as a result of participation at Dance Dynamics, I/we hereby give consent to authorize medical personnel to provide medical care as deemed necessary.**

Please make sure that the information that you provided at registration is up to date and accurate so that it is readily available in the event of an emergency.

Student Name: _____ **Student Age:** _____

Student Signature: _____ **Date:** _____
(if 10 years of age or older)

Parent Name: _____ **Phone #:** _____

Parent Signature: _____ **Date:** _____