

RELEASE OF LIABILITY AND WAIVER

The Parent or Legal Guardian and the Student understand that learning from Ollin Yoliztli Dance Academy includes activities that involve strenuous physical activity. The Parent or Legal Guardian and the Student do hereby expressly assume the risk of injury or harm by participating in Ollin Yoliztli Dance Academy's activities, its programs, classes and events and release **Ana Bonilla, Ollin Yoliztli Dance Academy and all of their instructors, assistants and volunteers** from any and all liability or claims that the student may have against them with respect to any bodily injury, personal injury, illness, death, or property damage that may result from student's participation in Ollin Yoliztli Dance Academy's activities, its programs, classes and events whether caused by accident or the negligence of **Ana Bonilla, Ollin Yoliztli Dance Academy and all of their instructors, assistants and volunteers**.

As the Parent, legal guardian, or student, I _____ release and hold harmless, **Ana Bonilla, Ollin Yoliztli Dance Academy and all of their instructors, assistants and volunteers** from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the student and/or the undersigned, while participating in Ollin Yoliztli Dance Academy's activities, its programs, classes and events under the control and supervision of **Ana Bonilla, Ollin Yoliztli Dance Academy and all of their instructors, assistants and volunteers** or in route to or from any of said premises.

EMERGENCY

The undersigned gives permission to **Ana Bonilla, Ollin Yoliztli Dance Academy and all of their instructors, assistants and volunteers** to seek medical treatment for the Student in the event they are not able to reach a Parent, Legal Guardian, or designated emergency contact. The Student does not have any physical or mental restrictions to participate fully in the program except as set forth below on the allergies, restrictions or ailments section.

I request that my doctor/physician _____ be called at the following number _____ and that I or my child be transported to following hospital _____.

Student has the following allergies _____

PHOTOGRAPHIC RELEASE

The Parent, Legal Guardian, or student does hereby grant and convey unto **Ollin Yoliztli Dance Academy and Valentino Escada (school's photographer)** all rights, title, and interest in any and all photographic images and video or audio recordings made during Ollin Yoliztli Dance Academy's activities, its programs, classes and events, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Any photos and videos captures will be used to promote future events by **Ollin Yoliztli Dance Academy** and will not include any student names or personal identifiable information.

The Student expressly agrees that the release and waiver construed herein is intended to be as broad as permitted by the laws of Arizona and that this Agreement shall be governed by and interpreted in accordance with the laws of Arizona. The Student and Parent or Legal Guardian agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable.

SIGNATURES

Student Signature Leave blank if student is under 18 years old.		Parent or Legal Guardian's Signature	
Name		Name	
Date		Date	