**LIABILTY RELEASE WAIVER FORM**

**All participants MUST complete this form**

All participants must complete this form before participating in any classes at Elite Star Dance Academy. if participant is under 18, a parent or guardian must sign this form.

Admission to class and or rehearsal will not be granted if this form is not received prior to class and is not properly signed.

**WAIVER OF LIABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release Elite Star Dance Academy, event sponsors, employees and dance teachers from all liability for injuries sustained or illness contracted including Covid-19 while attending or participating in any dance classes, rehearsals, workshops or performances. I agree to indemnify, defend, and hold harmless Elite Star Dance Academy, employees and dance teachers for liabilities, costs and judgements arising from acts of omissions committed by me or my child which result in injury or damage to any person or property. Initials\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROTECTION OF PROPERTY**

I understand it is my responsibility to safeguard my personal property while attending or participating in any classes, rehearsals, workshops or performances. I hereby release Elite Star dance Academy, its affiliate dance studio, event sponsors, employees and dance teachers for loss or damage to my personal property while attending or participating in classes, rehearsals, workshops, or performances. I also agree to abide by any rules, regulations and policies set forth by Elite Star Dance Academy. Initials\_\_\_\_\_\_\_\_\_\_

**MEDICAL ATTENTION**

In case of physical injury or medical emergency, I hereby authorize Elite Star Dance Academy to make necessary arrangements to transport myself or my child to a medical treatment facility as necessary. All such transportation and medical treatments will be at my sole costs and expense. In extreme emergency, or if my child is under 18 years of age, I understand that Elite Star Dance Academy will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me. Initials\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE**

Elite Star Dance Academy reserves the right to use photographs and videos taken during classes, workshops, performances, or other affiliated events for the purpose of instruction, advertising and promoting Elite Star Dance Academy and its programs. Students or parents of students who are minor, who do not wish to comply with this policy must notify Elite Star Dance Academy prior to participation in class. Initials\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT OF WAIVER**

In signing this release, I acknowledge and respect that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it, and understand that I sign the document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my or my child’s participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me or my child.

**PLEASE PRINT CLEARLY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian ( if under 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts (if different from numbers listed above)

PLEASE LIST ANY HEALTH CONCERNS