DANCE WAIVER

I, _____ (print your name) have chosen to have my child, _____ (print child's name), participate in dance instruction given by Janel's Dance Arts Fusion. I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur. I/we agree to release and hold harmless Janel's Dance Arts Fusion, including its teachers, and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold Janel's Dance Arts Fusion liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes or which may occur at any Janel's Dance Arts Fusion sponsored event outside the studio.

Furthermore I/we agree to read and follow the class and facility policies and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Janel's Dance Arts Fusion.

I authorize and agree that Janel's Dance Arts Fusion may take and use photographs, videos or likenesses of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

_____

Signature of Parent/ Guardian Date

Dancer's Name: _____

Phone: _____ Email: _____

Permission of a parent or legal guardian must be obtained before medical treatment of any kind can be rendered to persons under 18 years of age.

__ I grant permission to the Janel's Dance arts Fusion staff and / or its third party designees to administer first aid care as may be necessary.

__ I refuse permission to the Janel'sDance Arts Fusion staff and / or its third party designees to administer first aid care as it may be necessary.

_____

Signature of Parent/ Guardian Date