

Dance Vision, LLC

Liability Release Form

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/ or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Dance Vision, LLC and its' officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Dance Vision").

I hereby agree to release Dance Vision and hold Dance Vision harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risk of physical injury arising out of active participation in dance on behalf of the participant.

If Dance Vision determines that an injury suffered by my child requires medical attention, I understand that Dance Vision will make reasonable efforts to contact me at the phone number I provide the Studio. I understand that it is my responsibility to update my contact information with Dance Vision if it changes. I hereby give permission for emergency medical treatment to be given to my child by providers chosen by Dance Vision, however, if the effort to contact me is unsuccessful and time is of the essence I am aware that I am releasing Dance Vision from liability for any decision or action for treatment they may seek on my child's behalf.

If I am a minor, my parent and / or legal guardian has also signed this document releasing Dance Vision from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

I hereby acknowledge my understanding as evidenced by my signature that this release of liability is an acknowledgement of my voluntary and knowing assumption of the risk of injury. I am signing this release knowingly in exchange for the privilege of participation.

The participant has my permission to participate in Dance Vision. I further release Dance Vision from all liabilities associated with my child's attendance at Dance Vision or any event sponsored by Dance Vision.

Parent/Guardian Signature _____ Date _____

Participant's Name _____ Date _____

Please list any medications the participant is taking, and any other special medical instructions:
