**The Artistic Dance Center**

**Liability Release Form**

I understand that there are risks of physical injury and illnesses associated with, arising out of and inherent to the activity of dance and being around others. In recognition of this acknowledged risk of injury and illness, I knowingly and voluntarily waive all rights 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 Artistic Dance Center, it’ officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as “The Artistic Dance Center.”

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

I am aware that this is a release of liability and an acknowledgment of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I also give The Artistic Dance Center permission to use my child’s picture in or on any form of advertisement for The Artistic Dance Center or an Artistic Dance Center affiliated event.

If I am a minor, my parent and / or legal guardian has also signed this document releasing The Artistic Dance Center 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.

The participant has my permission to participate in The Artistic Dance Center Events. I warrant the below information is complete and correct. I further release The Artistic Dance Center of all liabilities associated with my child’s attendance at The Artistic Dance Center

Parent/Guardian Signature & Printed Name Date

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Participant’s Name Date

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

\*\*\*\*Please list any medications the participant is taking, and any other special medical instructions.

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