

Release of Liability/Medical Waiver

I, _____, have chosen to have my child, _____, participate in dance instruction given by Dance Your Dreams Studio of Dance. 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 am aware that participation in dancing is potentially dangerous and involves risk of injury. I understand that these risks include, but are not limited to injury to ligaments, muscles, tendons, bones, and other aspects of the body that may include head, neck, or spine. Due to the dangers of this activity, I understand the importance of my child's following the teacher's instructions regarding techniques, training, and other rules and agree that my child will obey these instructions.

By registering your child at Dance Your Dreams, you are affirming and attesting that: (a) You have not recently had any close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19; AND (b) You have not recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department (including China, Italy, Iran, and most of Europe); AND (c) You do not currently experience or display, and you have not in the last 14 days experienced or displayed, any COVID-like symptoms. You understand you are required to notify Dance Your Dreams if the prior changes.

As the legal parent or guardian, I release and hold harmless Dance Your Dreams, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, illness, or injury that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Dance Your Dreams, its owners and operators or in route to or from any of said premises.

The undersigned gives permission to Dance Your Dreams Studio of Dance, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent, guardian, or emergency contact. I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/emergency contact can be reached in the case of an emergency. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I understand that my child will be taken to THE CLOSEST HOSPITAL of the location we are at at the time of injury. I understand if I prefer a different or specific hospital or doctor be contacted it must be listed in the medical section of my online account and I understand I assume all financial responsibility of transportation.

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 agree 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: _____

Date: _____

Multimedia Waiver

I authorize and agree that Dance Your Dreams may take and use photographs or videos 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. As the legal parent or guardian, I give permission here to Dance Your Dreams Studio of Dance to use any photograph/video taken during a class or event, without my expressed written permission. Dance Your Dreams Studio of Dance may only use the photograph/video in materials such as: studio brochures, the studio website, Facebook, decorative use around the studio, or for other advertising use. I understand Dance Your Dreams may not use photographs/videos for public use or with intent to harm the participant. I understand that last names or any other personal or identifying information may not be used in description of media. I understand that I can refuse permission and have the participant removed from any situation involving still cameras or video cameras. I understand I must give a refusal of permission in writing to Dance Your Dreams.

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

Signature: _____

Date: _____