Dance Studio Waiver & Release

Participation

I, or the student named on this form for whom I am the parent or legal guardian, wish to take part in dance classes, rehearsals, workshops, performances, recitals, competitions and related activities offered by (the "Activities"). This waiver applies to all Activities, whether held at the studio or at another venue.

Risks of Dance

I understand that dance is a physical activity that involves jumping, turning, lifting, stretching, floor work and contact with other dancers. I understand that the Activities carry risks of injury, including but not limited to:

- sprains, strains, pulled muscles, torn ligaments and tendon injuries, especially to the ankles, knees, hips and back;
- stress fractures, shin splints and overuse injuries from repeated jumps and practice;
- falls during turns, leaps, lifts, partnering, tumbling or acro skills;
- collisions with other dancers, walls, mirrors, barres or props;
- slipping on the floor or stage, and injuries from costumes, shoes or sets;
- fainting, dehydration, asthma attacks or other medical events during exertion; and
- in rare cases, serious injury such as fractures, head or neck injury.

I understand these injuries can happen even when instruction is careful and the studio is well maintained.

Health and Fitness

I confirm that the dancer is in good health and able to take part in the Activities, and that I have told in writing about any injury, illness, medical condition, allergy or medication that may affect the dancer's safety. I will update promptly if this information changes. I understand that the dancer should stop and tell the teacher immediately if they feel pain, dizziness or unusual discomfort.

Studio Rules

I agree that the dancer will:

- follow the teacher's instructions and only attempt skills taught in class;
- warm up before class and wear the required dancewear and footwear;
- not wear jewelry that could cause injury;
- treat other students, staff and the studio with respect; and
- not attempt lifts, tricks or acro skills without a teacher present.

 may remove a dancer from a class or performance for safety or conduct reasons.

Supervision and Pick-Up

I understand that supervises students only during scheduled class and rehearsal times. I will drop off and pick up the dancer on time and will tell the studio in writing who is allowed to collect them.

Recitals, Competitions and Travel

Some Activities may take place at theaters, competition venues or other locations. I understand that travel to and from these events is my responsibility unless tells me otherwise in writing, and that unfamiliar stages and floors may involve additional risk.

Emergency Medical Treatment

If the dancer is injured or becomes ill and I cannot be reached, I authorize staff to give first aid and to arrange emergency medical treatment, including transport to a hospital. I agree to pay any resulting medical costs.

Photos and Video

I agree that may photograph or film classes and performances and use those images on its website, social media and promotional materials, without payment. If I do not want the dancer's images used, I will tell in writing.

Assumption of Risk and Release

I voluntarily accept the risks of the Activities on behalf of myself and the dancer. To the fullest extent permitted by law, I release , its owners, teachers, staff and volunteers from all claims for injury, illness or property damage arising from the Activities, except claims caused by gross negligence or willful misconduct.

Parent or Guardian Consent

If the dancer is under 18, I confirm that I am their parent or legal guardian, that I have read this waiver, and that I sign it on the dancer's behalf and on my own behalf. I will explain the studio rules to the dancer.

General

This waiver remains in effect for every season and Activity until I withdraw it in writing. It is governed by the laws of the state in which operates. If any part is found unenforceable, the rest remains in effect.

Please initial each statement

___ I am the dancer, or the dancer's parent or legal guardian, and I am at least 18 years old.

___ I have disclosed any injury, medical condition or medication that may affect the dancer's safety.

___ I understand the risks of dance training and performance and voluntarily accept them.

___ I authorize emergency medical treatment if I cannot be reached.

___ I release {{business}} from liability as described in this waiver, to the extent permitted by law.

Participant full name

Date

Date of birth

Phone

Email

Emergency contact name & phone

Name(s) of minor participant(s)

Parent / guardian name

Signature