

City Kids Dance Release and waiver

I understand that dance and movement instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other students, instructors, or fixed or movable objects. I agree to assume all risks associated with participating in dance instruction. I, the undersigned, agree that I am responsible for my child's safety, health and accident insurance, and any medical costs incurred due to injury. I represent that my child is medically and physically able to participate in dance and movement classes. In view of the foregoing, and as a term and condition of receiving dance instruction at City Kids Dance, I, my spouse, and legal representatives expressly release City Kids Dance and its staff and employees from all liability.

Photo/Video Release

I authorize City Kids Dance to use photographs and/or video that includes myself and my children for promotional / advertising / website materials. I understand that our names will not be printed. (If you prefer your student NOT be included, please let us know by contacting us at info@citykidsdance.com and we will make a note of your preference.)

I've read the above and agree.

Medical Emergency

In the event of an emergency, if I cannot be reached, I authorize City Kids Dance, its agents and staff, to seek necessary medical attention for the student.

I've read the above and agree.

Signature _____ Date _____

Print Name _____