

Dancer's Name: _____



**RELEASE OF LIABILITY, PROMISE NOT TO SUE,
ASSUMPTION OF RISK**

Expressions Academy of Dance takes every precaution to ensure your (and/or your child's) safety as we are committed to anatomically informed and injury free dance. Yet, as dance is a physical activity, injuries may occur. Expressions Academy of Dance instructors and staff are not responsible for injuries occurring before, during or after class. Each student may decline to participate in any activity which they deem to be harmful and must inform the instructor of any physical limitations that may prevent full participation in class.

I am aware that dance programs are to be considered strenuous physical activities. Therefore, I have received the consent of my physician for myself or for my child to participate in this program. As such, and in consideration for being allowed to participate in the activities at Expressions Academy of Dance (dancing, gymnastics, yoga, or any activities taking place at Expressions Dance Academy, etc) (the "Activities"), I hereby **release from all liability and promise not to sue**, Expressions Academy of Dance, its employees, officers, directors, volunteers and agents from any and all claims ("Released Parties"), including claims of negligence, resulting in any physical or psychological injury, illness, damages, or economic or emotional loss I and/or my child may suffer because of participation in any Activities. I am and/or my child is participating in the Activities voluntarily.

I understand that any injuries or outcomes that may arise from my own (or my child) or other's actions, inaction, or negligence. **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activities.**

I hereby declare that I have provided and will continue to provide adequate and complete health insurance coverage to protect my child in case of injury or accident. Such insurance includes coverage for any and all activities in which my child will participate with Expressions Academy of Dance. I understand and agree that Expressions Academy of Dance does not, and cannot, assume any financial responsibility for any medical assistance or care my child may require.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including**
(a) releasing the Released Parties (including Expressions Academy of Dance) from all liability on my and the Participant's behalf,
(b) promising not to sue on my and the Participant's behalf,
(c) and assuming all risks of the Participant's participation in the Activities.

I allow my child _____ to participate in the activities. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian: _____
Name of Minor Participant's Parent/Guardian (print): _____

Photo/ Media Release

I agree to allow my image or my child's image, without her/his name, to be displayed in Expressions Academy of Dance or in printed or online promotions.

Participant Signature: _____
Participant Name (print): _____

Signature of Minor Participant's Parent/Guardian: _____
Name of Minor Participant's Parent/Guardian (print): _____

If Participant is over 18 years of age - Sign Here

Participant Signature: _____
Participant Name (print): _____