

Waiver & Release of Liability

I _____ (parent or legal guardian), on behalf of _____ (hereinafter referred to as child), hereby waive, release, hold harmless, and forever discharge 3’N Motion Dance Studio LLC, its entities, owners, agents, officers, personnel, and employees, from any claims related to or arising from my child’s participation in any of the events or activities conducted by 3’N Motion Dance Studio. By signing this document, as Parent or Legal Guardian, I acknowledge my authority to sign on behalf of the above listed child.

I hereby waive and release 3’N Motion Dance Studio, and all associated companies, entities, owners, agents, officers, personnel, or employees from liability pertaining to the matters set forth below. I understand that by signing this waiver and release, I expressly and willingly agree to assume complete responsibility for any risk of injury that may arise from the below related activities. On behalf of myself, my assigns and next of kin, I waive all claims for damages and injuries sustained to me or my property that I may have against the above named Released Parties relating to such activities. I understand that the activities that I will participate in are inherently dangerous and may cause serious injuries, including bodily injury. By this waiver, I assume any risk and take full responsibility and waive any and all claims of personal injury, including severe bodily injury, damage to personal property and death relating to all activities associated with 3’N Motion Dance Studio, including but not limited to receiving lessons at the studio, using the studio and it’s equipment, practicing and engaging in dance activities, including Dance, Jazz, Tap, Lyrical, Pointe, Contemporary training, and related activities on and off studio premises, such as competitions, tournaments, recitals, and demonstrations. If I am injured from said activities, I will not hold Released Parties responsible even if the injuries were caused by negligence on my part or the Release Party, or any other party or affiliated with the above named Released Parties.

I do not have any physical limitations, physical ailments, physical or mental disabilities that would limit me from safely participating in the above mentioned activities. I understand that the Studio has urged me to obtain a medical and physical examination from a doctor prior to participating in the above mentioned activities. I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS WAVIER AND RELEASE. I UNDERSTAND AND CONFIRM THAT BY SIGNING THIS WAVIER AND RELEASE I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS. I HAVE SIGNED THIS WAIVER FREELY, VOLUNTARILY, AND UNDER NO DURESS, OR THREAT OF DURESS WITHOUT INDUCEMENT, PROMISE, OR GUARANTEE BEING COMMUNICATED TO ME. MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULLEST EXTENT OF THE LAW.

Name of Participant

Signature of Parent or Legal Guardian

Date: _____