

RELEASE OF LIABILITY

Student's Name _____ Birth Date _____

Medical Information

Please list any medications that the student is currently taking _____

Please list allergies to prescription drugs/foods _____

Please list any special medical conditions, past or present, of which Studios On Main should be aware of _____

Emergency Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty, and staff of Studios On Main to authorize any emergency medical care that may be required by the above student during participation of classes, performances, or any related Studios On Main events. This authorization extends throughout the current academic year and through the summer, or until the student is no longer enrolled at Studios On Main, whichever comes first. I understand that I am responsible for any and all charges as a result of such medical treatment.

Initial X _____

Liability Release

I am aware that the dance training received at Studios On Main, and the athletic exercises associated with it, place unusual stress on the body and carry the risk of physical injury. I understand that accidents can happen when attending camps or classes and do not hold Studios On Main responsible for any incurred. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I hereby assume the risk, and agree that Studios On Main shall not be liable in any way for injuries sustained during attendance at the dance school, camps, or after-school programs, or any of its related functions. I also understand that good dance, tumble, and cheer training involves touching and adjustment of the student's body by the instructors. I release, waive, discharge and covenant not to sue the facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the classes, event, programs, or rentals. My child/nor myself have any medical conditions that would prevent or limit participation in any classes, camps, or activities associated with Studios on Main. I understand dance, cheer, and tumble are strenuous physical activities and that injuries, heart attacks, breaks, tears, muscle strains, back injuries, or any other injuries/illness' may occur during participation in these activities and that you do not hold Studios on Main, teachers, or employees responsible now or in the future. Studios on Main is not responsible for your child while in the hallway or stairs.

Signature X _____ Parent or Guardian (circle)

Indemnity and Waiver of Claim:

I, the undersigned, parent/legal guardian of X _____, hereby agree to indemnify and hold harmless the studio, its employees, volunteers, the individual members thereof, and all other agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

Signature X _____

I understand that by signing below, I agree to the terms described above and also to pay in full the total tuition amount due for the enrollment period enlisted by the above mentioned person/persons, and that only by submitting a written form can this payment agreement be altered. I agree to pay the entire amount enlisted at enrollment whether or not the above student attends class, that the above named is not entitled to any credits or refunds for missed classes, and do agree to abide by all policies, rules and regulations of Studios On Main. I ALSO understand that pictures may be used for advertising/news and must give written notice if not agreeing to using your childs photograph.

Name of Parent/Guardian- X _____ Phone# _____

Signature X _____ Date _____