



**Waiver of Liability and Medical Release
Assumption of Risk and Indemnity Agreement**

Student Name: _____ **Date of Birth:** _____

Student Address: _____ **Student Cell:** _____

Email Address: _____

City/State/Zip: _____

Mother's Name: _____ **Mother's Cell:** _____

Mother's Address: _____ **Mother's Work:** _____

City/State/Zip: _____

Father's Name: _____ **Father's Cell:** _____

Father's Address: _____ **Father's Work:** _____

City/State/Zip: _____

Emergency Contact: _____ **Cell #:** _____

Address: _____ **Work #:** _____

City/State/Zip: _____ **Home #:** _____

I/We, the undersigned, certify that _____ (student) is in good physical health and is able to participate in dance and/or tumbling and/or all activities of Innerlight Dance, LLC.

I/We understand that Innerlight Dance, LLC does not require me/my child to participate in this activity, but I want to do so, despite the possible dangers and risk and despite the Release. I/We also understand that there is a risk of inherent dangers and I/we recognize and understand that certain risks are inherent in a physical activity including the possibility of physical injury. I/We understand that participation in any or all the activities at Innerlight Dance, LLC is voluntary.

I/We hereby voluntarily assume any risk for accidents and/or injuries that occur as part of normal activity. Innerlight Dance, LLC its governing board, its agents, and employees DO NOT assume any liability associated with Innerlight Dance activities. I/We recognize that this release means I am giving up, among other things, rights to sue the Innerlight Dance, LLC, its governing board, employees, and agents for injuries, damages, or losses I/we may incur. I/we also understand that this release binds my heirs, executors, administrators, and assigns, as well as myself.

I/We hereby give permission to and authorize any medical professional and others working under their supervision to treat me/my child for any injury or illness arising from or related to Innerlight Dance activities. In addition, I/we understand that in an emergency situation, effort will be made by the staff to locate me and/or the guardian before action is taken. I/We further do accept to pay any and all such medical expenses, costs and other charges arising out of any such medical treatment.

I hereby grant permission for photographs of me/my child to be taken during Innerlight Dance classes, rehearsals, and events. These photographs may be used by Innerlight Dance for publicity purposes including brochures, advertisements, web-based publications and/or news releases at the discretion of Innerlight Dance. I do grant permission to use photos of me/my child for the purpose of Advertising and Promoting with Innerlight Dance. I also agree to receiving information on upcoming Innerlight Dance events in the mail or to the above email address.

Payment: Monthly tuition payments are due on the 1st of each month. Other payments may be due on the designated and announced dates. There is a \$15.00 late fee for all payments over 10 days late. I understand students may not be able to participate if payments are past due.

I have read and fully understand the above rules, responsibilities, and agreements.

Student Name: _____ Print Parent/Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____