



## Liability Release

As the parent or legal guardian of the above listed student I hereby consent to the above named person participating in the programs offered by Dance It Out, LLC. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis, or death, can occur in any activity involving height or motion. I UNDERSTAND AND ACCEPT THAT RISK. I have additionally communicated these risks to my child.

I understand the study of dance has inherent risks and may cause physical injury. I am fully aware of the risks and hazards involved. Attendance in Dance It Out LLC classes, rehearsals, or activities, on-site or off-site, may cause unforeseen risks and injury.

I hereby release, discharge, and agree to save harmless Dance It Out LLC, affiliated teachers, and contract employees any legal representatives or assignees, and all persons acting under permission or authority, from any liability whatsoever for any and all claims of any nature which may arise out of my or my child's attendance.

If the participant is a minor, I agree that the minor has my consent to participate in Dance It Out LLC classes, rehearsals, and/or activities, on-site or off-site. I further provide my consent for Dance It Out LLC to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

In case of emergency, I give my permission for the student's name to be transported to a hospital and be treated by a medical professional.

My signature is voluntary and implies complete understanding of this form. By signing this agreement, I acknowledge that if anyone is hurt or personal property is damaged during participation in any Dance It Out LLC activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Dance It Out LLC.

I grant Dance It Out LLC to make video, film, photography or any other images of myself or my child's involvement in Dance It Out LLC activities for promotional purposes without compensation to me or my child.

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**Signature**

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**Date**

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**Printed Name**