

Liability Waiver and Talent Release



I understand that some of the activities in a dance or fitness program at Kailua Dance Academy, in which I/my child/my dependent, _____ have voluntarily elected to participate in, carry some risk of injury. If I/my child/my dependent experience(s) an injury or suspects an injury, I should and will promptly consult a physician and notify my/my child's/my dependent's instructor(s) at Kailua Dance Academy.

I, _____, release Kailua Dance Academy and Kailua Dance Academy staff/volunteers from any and all liability in connection with injury and/or damage which may occur while participating in activities at Kailua Dance Academy. By signing below, I affirm that I understand the risks involved in participating in a dance or fitness program, and I agree to hold harmless Kailua Dance Academy and Kailua Dance Academy staff/volunteers from any claim made by or on behalf of myself/my child/my dependent.

In the event of an emergency, I give Kailua Dance Academy permission to seek emergency medical assistance for myself/my child/my dependent. I agree to pay (or cause my insurance carrier to pay, if applicable) the costs associated with such medical assistance,

I do hereby give permission to Kailua Dance Academy to use my/my child's/my dependent's photographs and likeness (including in videos) for the purpose of promoting the services provided by Kailua Dance Academy. By signing below, I release Kailua Dance Academy and Kailua Dance Academy staff/volunteers from all liability, claims, or demands in connection with the use of my/my child's/my dependent's photograph or likeness.

PLEASE INITIAL:

- ___ I agree to Kailua Dance Academy's policies regarding Tuition, Fees, and Discounts
- ___ I agree to Kailua Dance Academy's policies regarding Dress Code and Studio Conduct
- ___ I agree to Kailua Dance Academy's policies regarding Missed Classes
- ___ I agree to Kailua Dance Academy's policies regarding Performances

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE FULLY READ, UNDERSTAND, AGREE, AND ACCEPT THE TERMS STATED ABOVE.

Parent/Guardian or Participant Signature

___/___/___
Date

Print Name of Parent or Guardian

Print Name of Participant (if applicable)