

Liability Release/Waiver Form All participants must complete this form

All participants and students must complete this form before participating in any classes at Studio 25 Arts Center. If participant is under age 18, a parent or guardian must also sign this form.

Admission to class will not be granted if this form is not received prior to class and is not properly signed.

<u>Waiver of Liability</u>
I,, recognize & understand that Studio 25 Arts Center will work to reduce any risk of injury, however there are risks of physical injury inherent to dance and yoga and I fully assume those risks. I hereby release Studio 25 Arts Center, its affiliates, employees & instructors from all liability for injuries sustained or illnesses contracted while attending or participating in any classes, workshops or performances. I agree to indemnify, defend and hold harmless Studio 25 Arts Center, its affiliates, employees & instructors for liabilities, costs and judgements arising from acts of omissions committed by me or my child which result in injury or damage to any person or property.
Protection of Property I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any class, workshop or performance. I hereby release Studio 25 Arts Center, its affiliates, employees and instructors from all liability for loss or damage to my personal property while attending or participating in classes, workshops or performances. I also agree to abide by any rules, regulations and policies set forth by Studio 25 Arts Center.
Medical Attention In case of physical injury or medical emergency, I hereby authorize Studio 25 Arts Center to make necessary arrangements to transport myself or my child to a medical treatment facility. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if my child is under 18 years of age, I understand that Studio 25 Arts Center will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.
Photo Release Studio 25 Arts Center reserves the right to use photographs and videos taken during classes, workshops, performances or other affiliated events for the purposes of instruction, advertising, and promoting Studio 25 Arts Center and its programs. Students, or parents of students who are minors, who do not wish to comply with this policy must notify Studio 25 Arts Center prior to participation in class.
Acknowledgement of Waiver

In signing this release, I acknowledge and represent that I have fully informed myself of the consent of the waiver and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my or my child's participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me or my child.



Please print clearly			
Signature of Participant		Date	
Printed Name of Participant			
Signature of Parent/Guardian (if under 18)	DOB	Date	
Home Address			
Telephone #	Email Address		
Emergency Contact (if different than parent)		Relationship to Participant	
Emergency # (if different from # listed above)			
Please list any medical conditions, injuries, alle	eraies, etc.		