**STUDIO 34 Dance and Performing Arts**

**WAIVER OF LIABILITY & MEDICAL RELEASE**

I understand that participation in dance/fitness classes carries a reasonable assumption of risk. I verify that either myself or my child will be voluntarily participating in activities which may expose myself or my child to some level of risk or injury. I represent that I am aware of the nature of these activities and agree to accept any and all risks associated with participation in these activities.

I hereby waive, release and hold harmless, Studio 34 Dance and Performing Arts, its owner, Diane Lydiksen, employees, instructors and staff from liability. Furthermore, I agree to indemnify Studio 34 Dance and Performing Arts, its owner, employees, instructors and staff against loss from any and all claims of negligence, demands, rights, or cause of actions of any kind or nature that may at any time be made or brought by me or on my behalf for any known or unknown, foreseen or unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by me or my child as a direct or indirect result of participation in the aforementioned activities at Studio 34 Dance and Performing Arts.

I attest that this student has had a medical exam within the last 12 months and is capable of participating in dance/fitness classes. I authorize Studio 34 Dance and Performing Arts, its director, employees, instructors or staff to administer first-aid and/or authorize medical treatment if necessary. I hereby grant authority to allow all emergency medical treatment necessary at any medical facility and assume the responsibility for payment of this medical treatment.

**PARTICIPATION AGREEMENT**

I fully understand and agree to cooperate with the rules, regulations and studio policies of the Studio 34 Dance and Performing Arts Center. I, the undersigned, being of lawful age, willingly and irrevocably, give my consent to Diane Lydiksen, or anyone she may authorize to photograph me on the premises of Studio 34 Dance and Performing Arts, in other rehearsal locations, or in public performances, and to copyright and use such photographs for all purposes, including advertising, trade and promotion, with or without the use of my name and accompanying printed matter. I hereby waive any right I may have to inspect or approve the finished products, the advertising copy or the printed matter that may be used therewith, or the use to which it may be applied.

 **Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Name (if under 18 years of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Drug Allergies & other medical information regarding student (please list)**

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By signing below, I acknowledge and I understand that I am entitled to have an attorney of my own choosing review the release prior to signing. I have read the foregoing release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of negligence as defined above resulting from my or my child’s participation in the activities described above at Studio 34 Performing Arts Center.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Adult participant or Parent/Guardian Signature Date