

# **BARBARA ANN'S SCHOOL OF DANCE**

## **Liability Release Form and Assumption of Risk**

I/we realize that participation in dance classes and activities could result in some possible personal injury. Despite precautions being taken by the studio, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Barbara Ann's School of Dance. I/we agree to release from responsibility the Barbara Ann's School of Dance, including all teachers, dancers, staff members, and facilities from any cause of action, claims, or demands now and in the future. I/we will not hold Barbara Ann's School of Dance for any personal injury including: scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death or any personal property damage/loss, which may occur on the premises before, during or after classes.

Initial \_\_\_\_\_ Date \_\_\_\_\_

Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Barbara Ann's School of Dance.

Initial \_\_\_\_\_ Date \_\_\_\_\_

I/we understand that Barbara Ann's School of Dance is a licensed, accredited and insured organization. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to Clemmy Ann Bastin, owner, instructors, or staff members as soon as possible.

Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Print)

Dancer's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(If over 18)

Parent/Guardian Name: \_\_\_\_\_  
(Print)

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please read and return to Barbara Ann's School of Dance at registration, or before your first dance class)**