

East Pointe Dance Liability Waiver and Acknowledgment of Risk:

READ AND SIGN BELOW

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS

I understand and agree that in participating in any open play, dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during my time at East Pointe Dance and any of East Pointe Dance classes, rehearsals, performances, or activities. I also exempt, release, and indemnify East Pointe Dance, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by East Pointe Dance. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold East Pointe Dance, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical, mental, and emotional limitations and agree not to exceed them. I will notify East Pointe Dance of any physical, mental, and emotional limitations that would hinder my ability to perform to the best of my ability. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I acknowledge and understand that for Pay-to-Play or Open-Play, I am over the age of 18 and am required to supervise my child at all times. It is not the responsibility of East Pointe Dance to watch my child and I will not hold East Pointe Dance, LLC liable if any harm, loss, or injury occur to me and/or my child.

Permission is granted East Pointe Dance to use photographs and videos of students for publicity purposes.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date):

PRINTED: _____
Name of Parent or Legal Guardian

SIGNED: _____
If under 18, parents or legal guardian must sign

FOR: _____
Name of Student

CHILD D.O.B: _____ **CHILD AGE:** _____

PHONE: _____ **EMERGENCY #:** _____

EMAIL: _____ **DATED:** _____