



Release of Claims and Medical Treatment Authorization

Student Name

Date

Parent/Legal Guardian Name

Date

I am aware that dancing, acro and gymnastics exercise associated with it, place stresses on the body and having the possibility and risk of physical injury. It is understood that dance instruction is a physical activity and art form. It may be necessary for instructors to place hands on the student for proper placement and correction of body alignment. Each Student/Parent/Legal Guardian has the right to decline participation in which they are not comfortable or which they feel may be harmful.

Student/Parent/Legal Guardian understand and expressly assume all risks involved in connection with instruction, rehearsal, training, shows, performances and competitions, at emjæez DANCE STUDIO, LLC and/or performance spaces and/or any other venues including but not limited to risk of bodily injury occurring as a result of contact with other students, instructors, walls, equipment, floors, structures, poles, and other objects located in or near dance studios, and/or any other performance spaces and /or any other venues, the student’s physical condition or physical limitations.

Student and Parent/Legal Guardian waive all claims arising out of dance instruction, rehearsal, training, shows, competitions and performances at emjæez DANCE STUDIO, LLC and/or performance spaces and/or any other venues, whether caused by the negligence, breach of contract, or otherwise, and whether for bodily injury, property damage or loss or otherwise, which student may have against emjæez DANCE STUDIO, LLC its owners, officers, directors, shareholders, employees and agents, and their heirs, executors and administrators.

The Student/Parent/Legal Guardian is responsible for informing emjæez DANCE STUDIO, LLC in writing of all pertinent information including any special needs, medical issues, family issues or physical limitations. Student/Parent/Legal Guardian requests and authorizes that in his/her absence, the student may be admitted to any hospital or medical facility for diagnosis and treatment and authorizes physicians, or other such licensed professionals, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the student. There is no guarantee as to the results of examination or treatment. Parent/Legal Guardian authorizes emjæez DANCE STUDIO, LLC its owners, members, board of directors, and all employees and agents of these parties to act for the student according to their best judgment in providing or arranging for emergency care in any emergency situation requiring medical attention.

All students shall be covered by their family’s insurance, if any. It is understood that emjæez DANCE STUDIO, LLC does not maintain insurance coverage on students. It is understood that the students own policy, if any, is the only source of medical insurance coverage. My medical insurance is offered through:

Insurance Company Name

Policy/ID Number

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with full knowledge of its legal significance. I have executed the release/authorization on the day and year stated above.

Signature of Student/Parent/Legal Guardian

Home Phone #

Work Phone #

Cell Phone #

Please list any medical information that the studio should be aware of (allergies, physical limitations, etc.):
