

PLEASE SIGN AND RETURN BEFORE YOUR FIRST CLASS to:

info@spotlightdance.net

SPOTLIGHT DANCE CENTER

150 South Tobin Street, Renton, WA 98057

OR Give to your teacher before your first class.

Release and Waiver of Liability Consent Form

I, the undersigned parent or legal guardian of the dancer(s) registered at Spotlight Dance Center, by checking the below box, give permission to participate in any and all classes offered. I understand that classes at Spotlight Dance Center may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury. I further understand there is a risk of exposure to communicable disease, including but not limited to COVID-19, while participating in classes at Spotlight Dance Center.

I, my heirs, assigns or legal representatives hereby waive and release any and all claims for damages I know, or may here after, have against Spotlight Dance Center, its officers, teachers, facility, or volunteers for any injuries/illness, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I understand that Spotlight Dance Center is not responsible for injury that may occur while participating virtually from home or any other location. I do not have any physical limitations that would keep me from participating. To the best of my knowledge, I am healthy.

I understand photos and videos will be taken throughout the year and these images may be published or used for advertising and promotional purposes by Spotlight Dance Center, and its agents. Photos may appear with or without names in press releases and other print and online advertising. I give full rights to Spotlight Dance Center and its staff to use photos and video images of my child/children to use for promotional purposes of Spotlight Dance Center.

I grant permission to the staff of Spotlight Dance Center to take first aid or emergency measures as judged necessary for the care and protection of me/my child while under the supervision of the studio. In case of medical emergency, I understand that I/my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician, and or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred.

By signing I hereby affirm that I have read, fully understand, and agree with the above waiver, tuition terms and conditions, and have read and fully understand the studio policies as presented in the Student Handbook. I have signed this document of my/our own free will.

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Signature of Participant: _____ Date: _____

If participant under age 18:

Printed Name of Parent/Gaurdian: _____

Signature of Parent: _____ Date: _____