

Summer Dance Camp 2017

Parent Name/Guardian _____ Email _____

Dancer Name & Age _____ Telephone _____

Address _____

I am registering for _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I wish to participate in a dance class at Cutno Dance Center for Dance Education. As a condition of Cutno Dance allowing me to participate in such a dance/fitness class, I hereby confirm and agree to the following:

- 1) I recognize that the dance classes I intend to participate in at Cutno Dance require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks, hazards involved.
- 2) I understand that it is my responsibility to consult a physician prior to and regarding my participation in any classes I attend at Cutno Dance Center for Dance Education. I represent that I am physically fit and have no medical condition that would prevent my full participation in any dance class.
- 3) I assume full responsibility for any risks, injuries, or damages known or unknown which I incur, or may incur, as a result of participation and/or attendance in any class at Cutno Dance.
- 4) I knowingly and voluntarily waive any and all claims I have, or may at any time in the future have, against Cutno Dance or any of the instructors, agents, or employees, for any injury or damage that I sustain as a result of my participation in any class at Cutno Dance.
- 5) I understand that sometimes instructors will touch, or physically place students to insure proper placement or movement. I understand that this is not abuse, assault, or sexual harassment.

***Note**

Physical activity can sometimes cause minor mishaps to occur; therefore, in the event a dancer sustains any injury, illness, or any other physical harm in connection with participation in the Cutno Dance Center for Dance Education programs, I agree that neither the Cutno Dance Center for Dance Education, nor any of its instructors, employees, agents, or principles shall be liable or responsible for any claims, costs, liabilities, expenses, or judgments (including for example doctor fees, hospital expenses, and personal injury claims resulting from any such injury, illness, or physical harm.)

The acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily agreeing to its content and intent.

PHOTO and VIDEO RELEASE

Furthermore, by signing below I grant full permission to Cutno Dance Center to use any and all pictures and/or videos of my likeness captured during any sanctioned Cutno event and related activity. Cutno may use the media for the purposes of illustration, advertising, promotion, display, and publication; as well as any other lawful purpose. I understand that I will not be paid for the use of my child's photos.

Student Name

Date

Parent Signature

Date