Waiver and Release from Liability Form for Adults-

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print your name) have chosen to participate in dance instruction given by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .  I acknowledge that I understand the nature of the activities I will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur.   
   
I/we agree to release and hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ including its teachers, and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes or which may occur at any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sponsored event outside the studio.   
  
Furthermore I/we agree to read and follow the class and facility policies and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   
  
I authorize and agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may take and use photographs, videos or likenesses of myself as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.  
  
 My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above.  I am of lawful age and competent to sign this affirmation.  
  
  
I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.  
  
  
 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 