

STUDENT WAIVER

1. I understand and accept that dancing and exercise potentially is a hazardous activity and could expose me to numerous known and unanticipated risks which could result in personal injury, illness or death. I have freely chosen to register and participate in classroom activities and represent that I am medically able to so participate. I acknowledge and agree that it is my responsibility to inform my instructors of any illness or injury prior to the beginning of each class. I assume all risks associated with dancing and exercise including, but not limited to: falls, sprains, broken bones and other personal injury and illness. I understand that Broadway Bound Dance Academy, LLC assumes no responsibility or liability with respect to my participation in classroom activities. I nevertheless agree to abide by any decision of any instructor relative to my
2. I hereby grant permission to Broadway Bound Dance Academy, LLC to use any photographs, motion pictures, recordings or any record of classroom activities for legitimate purposes.
3. I agree to abide by the policies of Broadway Bound Dance Academy, LLC as stated in the list of policies.
4. Having read this Waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf or entitled to make a claim by or through me, do hereby irrevocably release and forever discharge Broadway Bound Dance Academy, LLC and all instructors, employees, members, managers, agents and representatives of Broadway Bound Dance Academy, LLC from all claims or liabilities of any kind arising out of my participation in classroom activities even though that liability may arise out of negligence or carelessness on the part of the persons released pursuant to this Waiver. The terms of this Waiver shall serve as a release by my heirs, executors, administrators, and by all members of my family, and this Waiver shall serve as a waiver of the same nature for any family members, including any parents or spouse.
5. Prior to signing this Waiver, I have had an adequate opportunity to read and understand it, and any questions I have had have been answered to my satisfaction.

STUDENT:

PARENT OR GUARDIAN:

(If Student is under 18)

(Signature)

(Signature)

Print Name:

Print Name:

Date:

Date: