WAIVER AND RELEASE FROM LIABILITY FOR DANCE INSTRUCTION

I, _____ (PRINT YOUR NAME) have chosen to have my child, _____ (PRINT CHILD'S NAME), participate in dance instruction given by Across the Floor Dance Centre Inc. ("Across the Floor"). I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities, understanding that Across the Floor is not in any way responsible for making such a determination.

In consideration of my child's enrollment in any dance instruction program, I understand and agree on behalf of myself and my child, to release, hold harmless, and discharge Across the Floor from all claims, costs, liabilities, expenses or judgments, including attorneys' fees and court costs for any occurrences in connection with any dance instruction. I assume all risks to my child in connection with any instruction and further release Across the Floor and its owners and employees from liability for any injury sustained by my child while he or she is enrolled in any dance instruction program, including all risks reasonably connected with such activity whether foreseen or unforeseen.

I understand that Across the Floor is not responsible for my child or other children under my supervision who are left unsupervised in the common areas and areas surrounding the dance studio and that Across the Floor will only be supervising my child when he or she is participating in scheduled dance activities, programs or instruction.

I understand that Across the Floor is not responsible for personal property that is lost, damaged or stolen while I or my child is at or on Across the Floor property.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself and my child participating in Across the Floor activities and that Across the Floor does not provide accident or health insurance for those participating in its instruction, activities or programs.

I authorize and agree that Across the Floor may take and use photographs, videos or likenesses of myself or my child as needed for its record-keeping, advertising 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 of Participant's Parent or Guardian Date

_____

Printed Name of Participant's Parent or Guardian

REGISTRATION FORM

STUDENT: _____ _____

Last Name First Name Birth date & Age

ALLERGIES/MEDICATIONS: _____.

ADDRESS: _____

Street City Zip

PARENT/Guardian: _____ Email:

PHONE: _____ _____ _____

Cell Home Work