

REDEMPTION DANCE INSTITUTE INC. LIABILITY RELEASE FORM

1969 NEW SCOTLAND RD. SLINGERLANDS NY 12159 – 768-1045

I, _____ (print your name) have chosen to participate in dance instruction given by Redemption Dance Institute Inc. .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 Redemption Dance Institute Inc. including its teachers, and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold Redemption Dance Institute Inc. 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 Connolly Dance Arts Inc. sponsored event outside the studio.

Furthermore I understand that Redemption Dance Institute’s classes include but are not limited to dance styles in the form of Classical & Lyrical Ballet, Contemporary, Pointe, Tap, Pop, Liturgical & Music & Movement Classes. Music used within every class include genres of music that are applicable to the above mentioned classes and I agree and hold harmless Redemption Dance Institute Inc. from any biases against the listed class types and music utilized within those classes.

I authorize and agree that Redemption Dance Institute Inc. may take and use photographs, videos or likenesses of myself or my child 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 of Parent or Guardian: _____ Date: _____

Dancer's Name: _____

Parent/Guardian or Self

Address: _____

Phone: _____

Email: _____

Official Use: