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Participant Name _____Date of Birth _____

Address _____

Phone _____ Email _____

Parent/Guardian Name _____

I understand that there are risks associated with the activities that I am participating in at Duet Dance Academy, inc. They include, but are not limited to, illness and injury. In recognition of this acknowledged risk, I knowingly and voluntarily waive all right and/ or causes of action of any kind, including any and all claims arising as a result of such activity from which liability could accrue to Duet Dance Academy, inc., it's officers, agents, employees, instructors, contractors, and representatives (listed at Duet Dance and representatives from here on).

I certify that I have not been advised to not participate in such activities by a qualified medical professional. I certify that there are no health- related reasons or problems which preclude my participation in this activity or event. I acknowledge that Duet Dance and representatives will provide an instructional dance class and it is the responsibility of the participant to follow instructions.

I understand that by participating in activity, my child's image or likeness may be used in various media forms by Duet Dance Academy, inc. This may include but is not limited to social media platforms, advertising sources, and displayed images at location.If you do not wish to have your child included, please initial here _____

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PARENT / GUARDIAN WAIVER FOR MINORS (Only if student is under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above.

Participant's Signature (if under 18 yrs old, Parent or guardian must sign) _____

Printed Name _____ Date _____

Activity/Event- *BRING A FRIEND WEEK*

Name of Referral Friend _____

*Participants should wear dance attire or form fitting clothing. Hair should be pulled back off the face. Street shoes cannot be worn into the dance studios. If the participant does not have dance shoes, socks can be worn.