

RELEASE OF LIABILITY

Student's Name _____ Birth Date _____

Medical Information

Please list any medications that the student is currently taking _____

Please list allergies to prescription drugs/foods _____

Please list any special medical conditions, past or present, of which Studios On Main should be aware of _____

Emergency Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty, and staff of Studios On Main to authorize any emergency medical care that may be required by the above student during participation of classes, performances, or any related Studios On Main events. This authorization extends throughout the current academic year and through the summer, or until the student is no longer enrolled at Studios On Main, whichever comes first. I understand that I am responsible for any and all charges as a result of such medical treatment.

Initial X _____

Liability Release

I am aware that the dance training received at Studios On Main, and the athletic exercises associated with it, place unusual stress on the body and carry the risk of physical injury. I understand that accidents can happen when attending camps or classes and do not hold Studios On Main responsible for any incurred. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I hereby assume the risk, and agree that Studios On Main shall not be liable in any way for injuries sustained during attendance at the dance school, camps, or after-school programs, or any of its related functions. I also understand that good dance, tumble, and cheer training involves touching and adjustment of the student's body by the instructors. I release, waive, discharge and covenant not to sue the facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the classes, event, programs, or rentals. My child/nor myself have any medical conditions that would prevent or limit participation in any classes, camps, or activities associated with Studios on Main. I understand dance, cheer, and tumble are strenuous physical activities and that injuries, heart attacks, breaks, tears, muscle strains, back injuries, or any other injuries/illness' may occur during participation in these activities and that you do not hold Studios on Main, teachers, or employees responsible now or in the future. Studios on Main is not responsible for your child while in the hallway or stairs.

Signature X _____ Parent or Guardian (circle)

Indemnity and Waiver of Claim:

I, the undersigned, parent/legal guardian of X _____, hereby agree to indemnify and hold harmless the studio, its employees, volunteers, the individual members thereof, and all other agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

Signature X _____

I understand that by signing below, I agree to the terms described above and also to pay in full the total tuition amount due for the enrollment period enlisted by the above mentioned person/persons, and that only by submitting a written form can this payment agreement be altered. I agree to pay the entire amount enlisted at enrollment whether or not the above student attends class, that the above named is not entitled to any credits or refunds for missed classes, and do agree to abide by all policies, rules and regulations of Studios On Main. **I ALSO understand that pictures may be used for advertising/news and must give written notice if not agreeing to using your childs photograph.**

Name of Parent/Guardian- X _____ Phone# _____

Signature X _____ Date _____

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of (STUDIOS ON MAIN LLC) athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (STUDIOS ON MAIN LLC) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Parent or Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

*****PLEASE NOTE- THE ABOVE RELEASE IS FROM OUR INSURANCE CARRIER – NO CHILD CAN TAKE CLASS UNLESS ALL SIGNATURES REQUIRED ON ALL LINES ARE SIGNED.**