

**Spotlight Dance and Acting Studio RELEASE of Liability and Medical Consent:**

I hereby consent to (name of Student)\_\_\_\_\_ to participate in structured and supervised classes and use equipment owned and/or used by Spotlight Dance and Acting Studio (Endless Graphic Productions LLC), and hereby agree that I for myself, my children, adopted or otherwise, my heirs and executors waive and release any and all right and claims for damages that I may have any time against Spotlight Dance and Acting Studio, or their agents and representatives for any injury or damages in connection with my association or entry in classes, activities such as birthday parties and events sponsored by Spotlight Dance and Acting Studio.

**ACKNOWLEDGEMENT OF ASSUMPTION OF RISK:**

I do hereby request the use of Spotlight Dance and Acting Studio, and its facilities and equipment for the improvement of athletic, dance and acting skills. I recognize the potential injuries which can occur. I am under no compulsion by Spotlight Dance and Acting Studio, to use the studio or facility, nor am I being paid to do so. My interest is solely in recreation and own self-improvement. In consideration of Spotlight Dance and Acting Studio allowing me to use this facility, I, hereby forever release Spotlight Dance and Acting Studio (Endless Graphic Productions LLC), its officers, its directors, its instructors, sponsors, volunteers, and any member for any and all damages and injuries suffered with said use of these facilities. I understand that my participation is entirely by my own choice and with the understanding of risk or accidental injuries involved in any activity involving movement, dance, or motion.

I give permission for medical attention to be administered to my child, in the event of an accident, injury, sickness, or emergency. A staff member may deem necessary to call 911 for medical treatment and/or contact the physician(s) listed below, or any necessary emergency facility. I also assume the responsibility for the payment of any such treatment.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies & Medical Conditions: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

I have read and understand the rules and policies of Spotlight Dance and Acting Studio, as stated above.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_