Lindsay's Dance Academy

LIABILITY AND MEDICAL RELEASE WAIVER

The undersigned understands and agrees that Lindsay's Dance Academy reserves the right at any time to void this membership for any action by the member that the studio deems undesirable. The undersigned represents that the student(s) is physically sound and has medical approval to proceed with normal routine exercise applicable to the dance arts. I hereby release Lindsays Dance Academy and all its staff members from all claims for damages arising from participation by my child, or myself during any program or in any facility or any location where a program is held, before, during or after the program time both within and outside the premises. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. I herby grant permission for my child to participate in all of Lindsay's Dance Academy program activities including photographs, recordings, and public performances and allow the use of any such material in which my chid appears for promotional, instructional, educational or commercial purposes.

Student(s) Name: _____ Date: _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____