CONTINUING RELEASE FORM

I agree that my participation in this program without assumption of responsibility of Legacy Dance and Tumbling Complex and their teachers. I do hereby and on behalf of myself, my heirs, and legal representatives forever release and discharge from any and all damages, losses, injuries, or illness which I may suffer or sustain directly or indirectly in connection with this event, from any and all claims and demands of every kind which I may hereby acquire, and all such claims are hereby waived and released.

I also authorize the coach or authorized party in charge to act in the best interest of me in an emergency (i.e.) calling a physician, or authorized to admit to an emergency center.

I understand that dance and tumbling are dangerous sports and injuries may occur.

I acknowledge the contagious nature of COVID-19 and other contagious diseases and viruses and voluntarily assume the risk that I and/or my children may be exposed to or infected by COVID-19 by attending and participating and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed or infected by COVID-19 and other contagious diseases and viruses may result from the actions, omissions, or negligence of myself and others, but not limited to employees, volunteers, and program participants and their families.

I understand that Legacy Dance and Tumbling Complex, it's owners, representatives and/or employees cannot be held liable for any exposure to the COVID-19 virus caused by misinformation or the health history provided by each client/student.

I have read and understand all the material on the Continuing Release Form and all the rules on the Information and Policies sheet.

_____

Participant's Name

_____   _____

Parent's Signature   Date

MEDIA RELEASE FORM

We appreciate your business and at times like to share interesting stories and great pictures. We may use images and/or stories of your dancer/tumbler for marketing purposes. If this is okay, please sign below:

_____

Student's Name

_____   _____

Parent Signature   Date