

Student Release Form *(One Per Dancer)*



1. Legacy Dance Company is not responsible for the care of students except when in class or at a required event such as Recital, Company competitions/camps, and Company fundraisers. Students should not be left at the studio for excessive amounts of time prior to or after classes and rehearsals.
2. All Legacy Dance Company Students, Parents, and visitors to the studio waive the right to any legal action for any injury sustained on studio property resulting from normal dance activity conducted by the students before, after, and during classes.
3. All Legacy Dance Company Students and Parents attending competitions, community events, camps, fundraisers, and any events that take place off of studio property waive the right to legal action for any injury that is sustained as a result of normal activity for that event (i.e.: driving, travelling, dancing). Parents are responsible for transporting their dancer to and from events or making arrangements with another adult to do so.
4. The undersigned grant permission to Legacy Dance Company and its owners and operators to seek medical treatment for the participant in the event they are unable to reach a parent or guardian. I hereby declare any medical or mental conditions, problems, or restrictions and/or declare the participant to be in good physical and mental health.
5. As the legal parent or guardian, I release and hold harmless Legacy Dance Company, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever arising out of or related to, any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned while in or upon the premise of any premises under the control and supervision of Legacy Dance Company, its owners and operators or in route to or from any of said premises.

_____ I have read and accept the Legacy Dance Company Policies and Procedures. Furthermore, I hereby release Legacy Dance Company and its agents or representative of liability for any personal injury to any student arising out of participation in class or incurred while on the premises of Legacy Dance Company. In the event of a medical emergency, I authorize the agents of Legacy Dance Company to use their discretion in securing treatment if a parent/guardian of the student not be available under such circumstances. I understand every effort will be made to contact a parent/guardian or the Emergency Contact should the parent/guardian be unavailable under such circumstances. I also agree to permit Legacy Dance Company to use my child's photograph for media or marketing purposes by signing this form. I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and not mere recital and that I have signed this document as my own free act.

_____ I have fully informed myself of the contents of this affirmation and release by reading it before I signed it, this release will be effective for the entire time that I am a student/parent on the premises of Legacy Dance Company or at times that I am participating at off-facility locations.

_____ I understand that all sales are final. Including but not limited to: apparel, costumes, tuition, and recital tickets.

_____ I understand that all communications from LDC will be done through email, Facebook, and/or text message.

_____ I have received, read, understand and agreed to the Company Member Contract (Elite Teams Only)

Student Info:

Student Name: _____

Please list any pertinent medical conditions (seizures, bone/muscle/joint injuries, diabetes): _____

Parent Info:

Parent/Guardian: _____ Best Phone Number: _____

Email: _____ Work Phone Number: _____

How did you hear about us? _____

Signature of Parent/Legal Guardian: _____ Date: _____