



Cristi's Dance

Release and Waiver of Liability Agreement

I, _____, **(parent of participant)** acknowledge that I have voluntarily applied my son and / or daughter to participate in dance classes offered by Cristi's Dance Studio at Learn Naturally Preschool 9270 Hammocks Blvd. Suite #302 Miami, FL 33196.

I AM AWARE THAT THIS ACTIVITY CAN BE HAZARDOUS AND MY CHILD COULD BE INJURED DURING DANCE CLASS. I AM VOLUNTARILY ENROLLING MY CHILD TO PARTICIPATE IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

As consideration for being permitted by Cristi's Dance Studio and Learn Naturally Preschool to participate in this activity, I forever release Cristi's Dance Studio , Learn Naturally Preschool, their respective directors, employees and volunteers from any and all actions, claims, or demands that I, my child, spouse, family member assigners, heirs, guardians and legal representatives now have or may have in the future, for injury, death, or property damage related to my child's participation in this activity or the premises where these activities occur, whether or not I or my child are then participating in the activity. I also agree that I, my child, spouse, family member, assignees, heirs, guardians and legal representatives will not make a claim against, sue, or attach the property of any release in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEESE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, CRISTI'S DANCE STUDIO AND LEARN NATURALLY PRESCHOOL AND SIGN IT AT MY OWN FREE WILL.

I verify that the dangers of this activity and the significance of this release and waiver have been explained to me and that I understand them.

Executed at Learn Naturally Preschool, Miami FL

CHILD'S NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____

PRINT/GUARDIAN'S NAME: _____

DATE: _____