

# Liability Release Form

## CONTACT INFORMATION

Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

Partner's Information (*if different*):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Babs McDance Social Dance Club and Ballroom, its officers, agents, employees, sub contractors, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Babs McDance Social Dance Club and Ballroom.")

I hereby agree to release Babs McDance Social Dance Club and Ballroom/affiliates and hold Babs McDance Social Dance Club and Ballroom/affiliates harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

Babs McDance Social Dance Club and Ballroom has a **NO REFUND POLICY**. However, depending on the circumstances we may offer a transferrable option.

If I am a minor, my parent and/or legal guardian has also signed this document releasing Babs McDance Social Dance Club and Ballroom from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

I warrant the below information is complete and correct.

\_\_\_\_\_  
1<sup>st</sup> Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Student Signature

\_\_\_\_\_  
Date

The participant has my permission to participate in Babs McDance Social Dance Studio events. I further release Babs McDance Social Dance Club and Ballroom/affiliates of all liabilities associated with my child's attendance at Babs McDance Social Dance Club and Ballroom/affiliates.

\_\_\_\_\_  
Parent/Guardian Signature (if under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone