

Waiver of Liability for Injury or Illness

This agreement releases **The Dance Company Inc., Dina Meter, their employees**, successors, and assigns, (hereinafter “**Studio**”), from all liability relating to injuries or illness that may occur during dance and acrobatic instruction and related activities, whether occurring on the premises at 21230 South La Grange Road, Frankfort, IL 60423, or while participating offsite via online teleconference.

I acknowledge the risks involved in dance, acrobatics, and related physical activities. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries or illness while engaging in this activity.

I hereby release and agree to hold Studio harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may otherwise arise in any way in connection with any services received from Studio. I understand that this release discharges Studio from any liability or claim that I, my heirs, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Studio. This liability waiver and release extends to the Studio together with all owners, partners, and employees.

By signing below, I forfeit all right to bring a suit against the Studio for any reason. In return, I will receive instruction in dance and related activities. I will also make every effort to obey safety precautions as listed in writing and explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Name of student, and, if minor, parent or guardian

Signature of Student

Age

Date

Signature of Parent or Guardian, if minor

Date