

# AbunDANCE *Ballet* and Worship Arts

## LIABILITY WAIVER

I voluntarily give permission for my child to participate in dance instruction with AbunDANCE Ballet and Worship Arts ("ABUNDANCE") at 123 Emmons Place, Mount Orab, Ohio 45154 ("LOCATION") and other facility.

I understand the nature of dance classes, rehearsals, performances and related activities and that my child is physically and mentally capable of participating in these activities.

I realize that a large pond and several dogs are on the premises at LOCATION, and I am aware that no parking is allowed along roads in the neighborhood.

I voluntarily agree to assume all risks and responsibilities for any injury or accident which may occur to me or my children or my property while participating in classes and activities with ABUNDANCE at LOCATION and any other facility.

I agree to release, hold harmless, exempt, indemnify and discharge ABUNDANCE, LOCATION, owners, agents, volunteers, occupants from any and all claims, demands, liabilities, tickets, expenses or judgments including attorneys' fees and court costs for any damage, loss, or injury to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by ABUNDANCE at LOCATION or other facility.

I understand that ABUNDANCE and LOCATION are not responsible for personal property that is lost, damaged or stolen at LOCATION.

I agree that it is my responsibility to maintain my own accident, automobile, and health insurance coverage that provides adequate coverage for me, my children, and my property.

I give permission for ABUNDANCE or LOCATION to provide emergency medical treatment that may be necessary for me or my children if I cannot be contacted including necessary transport to the nearest Emergency Room. I understand that I am financially responsible for any medical treatment extended to me or my children and that ABUNDANCE and LOCATION can not be held accountable or liable for such medical treatment.

I agree to obey class and facility rules and to take responsibility for the behavior of my children and myself. I acknowledge that ABUNDANCE and LOCATION are not responsible for my children who are left unattended on premises.

I agree to the terms and conditions outlined in the AbunDANCE Ballet and Worship Arts Policy Handbook.

I authorize Abundance to take and use photographs and videos of myself and my children for use in marketing and public relations, and on website and social media. I understand that I have no rights to the same and I will not be compensated for the same.

I certify that I am the parent or legal guardian, and I have the legal right to waive these rights.

Dancer's Name: \_\_\_\_\_

Dancer's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_