

Liability Release Form

The Studio Dance Company
1311 SE Grace Ave Battle Ground, WA 98604

Participant's Name

I understand that participation in activities at The Studio Dance Company may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury, which may occur to the participant as a result of participating in The Studio Dance Company activities. I hereby release The Studio Dance Company, Resolution Fitness, all officers, employees, or agents from any liability, costs and damages resulting from the individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

_____ / _____

Participant's signature / Date

Name of Parent or Guardian

_____ / _____

Signature of Parent/Guardian / Date