

# *Steps in Time*

## *Academy for Dance Studies*

### 2017-2018 Release Form

I, \_\_\_\_\_ (print your name) have chosen to have my child, \_\_\_\_\_ (print child's name), participate in dance instruction given by Steps in Time Academy for Dance Studies. I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur.

I/we agree to release and hold harmless Steps in Time Academy for Dance Studies including its teachers, and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold Steps in Time Academy for Dance Studies liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes or which may occur at any Steps in Time Academy for Dance Studies sponsored event outside the studio.

Furthermore I/we agree to read and follow the class and facility policies and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Steps in Time Academy for Dance Studies.

I authorize and agree that Steps in Time Academy for Dance Studies may take and use photographs, videos or likenesses of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**Official Use:**