

Studio Waiver

Name:	Birthday:
Address:	
Home Phone:	Cell Phone:
Email Address:	
aware of the risks and hazards connected with partici	ondition and fully able to participate in this class. I am fully ipation in this event. I voluntarily assume full responsibility for y including death that may be sustained by me, or loss or damage in this course.
I hereby release, waive, discharge and convent not to sue Xpress Yourself Dance Studio from any and all liability claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.	
in classes, recitals or other like activities. These imag advertisement. It is agreed that any such images become	photographs or videos of its instructors or students participating ges are for the purpose of instruction, promotion or ome the sole property of the studio and may be used by the ng purpose at its discretion, and any claims for such use is
informed in writing, Xpress Yourself Dance Studio wil Yourself Dance Studio, the director, employees, and a	will participate in stretching, turning, jumping, etc. Unless Il assume I have no physical disabilities. I hereby release Xpress Ill corporations involved from any and all claims for damages or be sustained while practicing in any activity connected with this
Name	Date
Signature	Parent's Signature (if under 18)