

Juliana's

Academy of

Dance

Release Of Liability Waiver – Signature Required

Student Name

Parent Name

I release and hold Juliana's Academy of Dance and its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or undersigned, while in or upon the premises or any premises under the control and supervision of Juliana's Academy of Dance and its owners and operators or in route to or from any of said premises. I also allow Juliana's Academy of Dance to use photos and or videos for any advertising or publications. I have read and agree to follow Juliana's Academy of Dance Policies.

Date

Parent
Signature

In the event of a serious accident or illness, I request that a representative of Juliana's Academy of Dance contact me. If I cannot be reached, I request that contact is made with the Physician named and their instructions be followed. If the emergency is such that immediate medical care is necessary, I authorize the dance studio to transport my child to the hospital for emergency care. The hospital agents, or a licensed physician, may administer such emergency treatment as they deem necessary under the circumstances.

Date

Parent
Signature

I do not give my consent for emergency medical treatment of my child. In the event of serious illness or injury requiring emergency treatment, I wish Juliana's Academy of Dance to take no action or to: