

## Liability Waiver

As legal guardian of \_\_\_\_\_ I consent to the aforementioned person participating in Dance Network classes and programs. I fully understand that these activities can cause risks and dangers of potential serious, bodily injury. I voluntarily and knowingly recognize, accept and assume this risk. I waive and release any and all rights to any claim for damages or injury I may or might have against the Dance Network dance studio, it's directors, employees, volunteers, other participants, owner and lessors of premises on which the activities take place.

I certify that the aforementioned is in good physical condition, he/she has no injuries or illnesses that he/she has sustained which may reoccur and be detrimental to his/her participation in these activities. I understand and agree that medical or other services rendered to my child by any of the named parties is not an admission of liability to provide or continue to provide any such services and is not a waiver by any of said parties of any right or rights herein.

I have thoroughly read and understand the waiver and release as listed on this form.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date