



I give permission for _____ to participate in classes, performances, workshops, and other activities at Serenity Dance Connections and certify that the dancer(s) are in proper physical condition to take part in such activities.

If I have questions about whether an activity is suitable for my dancer(s) to pursue, I will consult my health care provider in making that decision. If dancer(s) have any known physical vulnerabilities, conditions, or injuries, I agree to discuss them with the director before participating. (Special Needs Individuals will address baseline with instructor at the time of enrollment)

Release

By signing this document, I release Serenity Dance Connections LLC and their directors, owners, students, teachers, staff, employees, volunteers, associates (collectively referred to in this document as "SDC") from any liability or claim that myself, dancer(s), or my representatives may have against SDC with respect to any bodily injury, personal injury, illness, death, or property loss or damage that may result from my dancer(s) participation at SDC.

I voluntarily release and forever discharge and hold harmless SDC from any and all claims or demands for damages, loss of services, costs and expenses, injuries, attorney fees, and any other call for reparation from any and all injury to me, my dancer(s), or my property arising in any way from my dancer(s) participation in dance classes, camps, intensives, workshops, performances, competitions, the use of SDC equipment or facilities, and any activities associated with SDC.

Risks

I understand that there are risks of physical injury associated with, arising out of, and inherent to dancing. These risks include the potential for slips and falls, sprains, strains, dislocations, soft tissue injuries, musculoskeletal injuries, podiatry conditions, and other risks not specified here.

Understanding these risks and the potential for others not listed, I agree to personally accept and assume all of the risks present in my dancer(s) participation at SDC. My participation at SDC is entirely voluntary, and I choose to allow my dancer(s) to participate in spite of the risks, understanding the directors prioritize safety as most important.

Dance education sometimes requires hands-on instruction as well as verbal instruction. Instructors may correct, spot, or assist dancers by touching their arms, legs, feet, hips, back and



head to move them in the correct position. I acknowledge that this is a common standard in dance instruction and understand that it is my responsibility to communicate clearly with the teacher and/or the director if any form of touch is unacceptable for myself or dancer(s).

Medical Treatment and Insurance

I understand that SDC does not assume any responsibility for or obligation to provide financial or other assistance in the event of injury or illness, including but not limited to medical, health, or disability insurance or support.

I authorize SDC to obtain necessary medical or dental treatment, including first aid, ambulance transport, hospitalization, or such other care necessary for me or my dancer(s) health and welfare in an emergency. If my insurance does not cover emergency treatment that is deemed necessary and sought for me by SDC, I understand that SDC does not carry or maintain health, medical, dental, or disability insurance coverage for any participant. The financial responsibility is not that of SDC.

Photographic Release

I understand that SDC may take photos and video recordings of me or dancer(s) during participation in SDC classes and activities. I convey to SDC full rights and interest in these recordings. I understand such recordings may be used in advertising or other published materials, physical or virtual. I understand that by denying consent, this choice may limit myself or dancer(s) participation in performances that are routinely photographed and/or videotaped.

Miscellaneous

While a participant at SDC, myself and dancer(s) agree to abide by any rules, codes, and policies that are put in place by SDC before or at any time during my participation. If I have questions or concerns regarding any policies or decisions made by any representative of SDC, I agree to bring them promptly and specifically to the director's attention.

Signature

All legal guardians of participants must sign at the start of each dance year certifying that they have read this document, understand it in its entirety, and agree to be bound by its terms, before participating in classes.



Signature

Date