

PINX ACADEMY OF DANCE

WORKSHOP WAIVER/INJURY RELEASE & ADDITIONAL RELEASES

NAME: _____

MALE: _____ FEMALE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

PHONE: () _____

I hereby release and indemnify PINX ACADEMY OF DANCE and their staff of any and all liability, claims, and causes of actions arising out of or in any way connected with my child's/my participation in the workshops/classes offered by PINX ACADEMY OF DANCE. Further, I authorize PINX ACADEMY OF DANCE staff and faculty to seek emergency help and agree to allow any medical personnel the opportunity to treat an illness, injury, or any other medical condition. I agree to accept responsibility for any medical costs which may result from my child's/my participation.

I consent to my child's/my visual image to be used by PINX ACADEMY OF DANCE in general promotion of its programs.

I have read the releases and indemnification agreement and understand its meaning. Being fully aware of these risks, I hereby consent to my child's/my participation in the PINX ACADEMY OF DANCE program.

SIGNATURE OR PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

DATE