BORN INTO THE ARTS DANCE STUDIO

CONSENT, RELEASE & AUTHORIZATION

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the parent or legal guardian of the child named below, consent to my child’s participation in the activities of Born Into The Arts Dance Studio. I further consent to Born Into the Arts taking and using photographs and /or videos of my child during his/her participation in the activities of Born Into the Arts for commercial purposes or marketing activities without compensation to my child or me.

I understand there is a risk of bodily injury or other dangers associated with participation in dance activities including travel to and from performances, competitions, concert and rehearsal venues. Dangers peculiar to activities normally engaged in by dance including but not limited to, bodily injury resulting from falls while using any of the dance equipment, or performing the wrong execution of an exercise. I further understand that all reasonable safety precautions will be taken by Born Into the Arts and Dominick Boyd to avoid any/all known possible hazards.

In consideration of my child being permitted to participate in dance studio activities, I hereby release and discharge Born Into the Arts Dance Studio and Dominick Boyd, their instructors, employees and /or volunteer staff from liability for any damages, losses, diseases, injuries or costs incurred by my child during participating in any dance studio activities. I further indemnify and hold harmless Born Into the Arts Dance Studio and Dominick Boyd from any damages it incurs or any claim for damages resulting from or on account of my child’s participation in the activities of Born Into the Arts Dance Studio.

I authorize Born Into the Arts Dance Studio and Dominick Boyd to seek treatment for any injury of illness to my child while participating in dance activities or otherwise in the care of Born Into the Arts Dance Studio. I further authorize the physician and/or hospital, to which my child is taken by Dominick Boyd or authorized staff members, to treat any injury or illness to my child. I verify that my child is in good health and physically capable to participate in dance activities and events.

Child’s Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The release and consent form must be signed at the studio when you arrive for the first dance class. Thank you.