

K & T Dance Corner, LLC  
Release and Waiver of Liability

1. I understand that participation in dance instruction and recitals involves physical exercise, exertion, and risk of injury. I agree to waive any claim, and to release K & T Dance Corner, LLC and its owners, directors, officers, employees, and representatives from any claim for injuries sustained as a result of such participation, including injuries claimed to have been caused by the negligence of K & T Dance Corner, LLC. This release and waiver does not apply to any act of willful misconduct or gross negligence.

2. I am physically sound and suffering from no condition, impairment, disease, infirmity, or other illness or injury that would prevent my participation in dance instruction or recitals. I acknowledge that I have been informed of the recommendation that a physician's approval be obtained for my participation in the instruction and recitals of K & T Dance Corner, LLC. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the activities and programs without the approval of my physician, and I do hereby assume all responsibility for my participation in said activities and programs. To the extent that the on-line registration form asks for medical and allergy information, I understand that K & T Dance Corner, LLC will not retain or use such information.

3. I understand that provision of dance instruction by K & T Dance Corner, LLC does not constitute an acknowledgment or indication of my physiological well being, or a medical opinion relating thereto.

4. This form supersedes and replaces any release and waiver that I may have signed in the past.

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Signature

Date

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Printed Name

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Name of Minor if Signing on Their Behalf