

The Dance Corner, Inc.
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 The Dance Corner, Inc. 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 The Dance Corner, Inc. 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 The Dance Corner, Inc. 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 The Dance Corner, Inc. will not retain or use such information.

3. I understand that provision of dance instruction by The Dance Corner, Inc. does not constitute an acknowledgment or indication of my physiological wellbeing, or a medical opinion relating thereto.

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

Dated: _____

Signature

Printed Name

Name of Minor if Signing on
His or Her Behalf