
ASSUMPTION OF RISK | WAIVER OF LIABILITY | PHOTO RELEASE | MEDICAL AUTHORIZATION

I, _____, HEREBY ACKNOWLEDGE that I have voluntarily permitted _____
(*print Guardian's name*) (i) _____ (*print Participant's name*)
to participate in dance, gymnastics, programs and/or other activities under the direction of STUDIO16.

I AM AWARE THAT DANCE & GYMNASTICS (OR ANY OTHER PROGRAM OFFERED BY OR UNDER THE DIRECTION OF STUDIO16) INVOLVE RISKS OF SERIOUS BODILY INJURY. INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH; AND I AM VOLUNTARILY PERMITTING PARTICIPANT TO PARTICIPATE IN THESE ACTIVITIES, WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY TO PARTICIPANT THAT MAY RESULT THEREFROM.

In exchange for Participant being permitted by Studio16 to participate in these activities and/or use their facilities, I HEREBY AGREE THAT I WILL NOT MAKE A CLAIM AGAINST OF SUE STUDIO16 or any of its principals, stockholders, employees or agents, for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee or agent of Studio16 as a result of Participant's participation in any activity under the direction of Studio16.

I am aware that individual and group publicity photos and videos are taken from time to time, and in consideration for my, or my child(ren's) participation, I hereby grant my permission for my, or my child's likeness, to be used in Studio16 publicity or advertising.

In addition, I HEREBY ACKNOWLEDGE AND AGREE TO RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS STUDIO16, its principals, stockholders, employees and agents, and to ASSUME FULL RESPONSIBILITY FOR ANY LOSS OR DAMAGE AND FOR ANY CLAIM, LAWSUIT OR DEMAND FOR LOSS OF DAMAGE, on account of injury to Participant, whether caused by the active, passive or sole negligence of Studio16, its employees or agents, while Participant is on the property of Studio16 or is participating in any way in any activity under the direction of Studio16.

Should it be necessary, in the opinion of a member of the staff of Studio16, to render first aid and assistance to Participant, I hereby grant permission to the staff of Studio16 to render such aid and assistance.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.

Print Name _____ Signed _____ Dated: _____

1.	4.	7.
_____	_____	_____
Print Parent/Guardian Name	Print Parent/Guardian Name	Print Parent/Guardian Name
_____	_____	_____
Signed / Dated	Signed / Dated	Signed / Dated
_____	_____	_____
Print Participant's Name	Print Participant's Name	Print Participant's Name
2.	5.	8.
_____	_____	_____
Print Parent/Guardian Name	Print Parent/Guardian Name	Print Parent/Guardian Name
_____	_____	_____
Signed / Dated	Signed / Dated	Signed / Dated
_____	_____	_____
Print Participant's Name	Print Participant's Name	Print Participant's Name
3.	6.	9.
_____	_____	_____
Print Parent/Guardian Name	Print Parent/Guardian Name	Print Parent/Guardian Name
_____	_____	_____
Signed / Dated	Signed / Dated	Signed / Dated
_____	_____	_____
Print Participant's Name	Print Participant's Name	Print Participant's Name