

Little Smiles Dance Academy, LLC Liability Waiver and Acknowledgement of Risk

Little Smiles Dance Academy, LLC, a Michigan limited liability company (“The Academy”) will make all efforts to help our students avoid injury. However, it is important that you understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury.

PLEASE READ CAREFULLY AND SIGN BELOW. REGISTRATION IS INCOMPLETE WITHOUT A SIGNATURE AND MUST BE COMPLETED BEFORE YOUR FIRST CLASS.

I hereby acknowledge and agree to be bound by all the terms set forth herein this Liability Waiver and Acknowledgment of Risk.

I voluntarily agree to assume all risks and responsibility for any injury or accident that might occur to me, or my child, during any of The Academy classes, workshops, rehearsals, performances or activities.

I understand that The Academy does not assume any responsibility for or obligation to provide financial or other assistance in the event of injury or illness, including but not limited to medical, health, or disability insurance or support.

I authorize The Academy to obtain necessary medical or dental treatment, including first aid, ambulance transport, hospitalization, or such other care necessary for my health and welfare in an emergency. If my insurance does not cover emergency treatment that is deemed necessary and sought for me by The Academy, I agree to be responsible for and pay all costs incurred on my behalf.

I release and discharge The Academy from any claim which may arise on account of any first aid, treatment, or service rendered in connection with my participation in The Academy activities or with the decision by any representative or agent of The Academy to consent to medical or dental treatment on my behalf in an emergency.

I understand The Academy does not carry or maintain health, medical, dental or disability insurance coverage for any participant. I agree to take full responsibility for payment of any emergency medical or dental costs related to participation in any Academy activities, regardless of whether or not I have insurance coverage.

I also exempt, release, and indemnify The Academy, its owners, agents, volunteers, assistants, employees, guest artists, faculty members and/or students from any and all liability claims, demands or causes of action whatsoever from any damage, loss, injury or death to me, my children or property that may arise out of, or in connection with, participation in any classes or activities conducted by The Academy.

I further voluntarily agree to waive my rights and that of my heirs and assigns to hold The Academy, its owners, agents, volunteers, assistants, employees, guest artists, faculty members and/or students liable for such damage, loss, injury or death.

I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. I further voluntarily agree that, for no additional consideration, The Academy shall have the right to use photographs of me (or my child) for publicity purposes.

My signature is proof of my intention to execute a complete and unconditional waiver of all liability, either on behalf of my minor child or on my own behalf, to the fullest extent of the law.

I have read, understood and agree to be bound by the above statements:

PRINTED NAME: _____

SIGNATURE: _____

If under 18, parent or legal guardian must sign.

Use section below if signing on behalf of a minor.

FOR: _____

Name of child

DATED: _____