

Dance Class Release of Liability Waiver Form

Participant Name

Email Address

Phone Number

Date of Birth

Emergency Contact Name

Emergency Contact Phone

Release of Liability

I understand that participation in dance classes involves physical activity and inherent risks of injury. I hereby release, waive, and discharge the dance studio, its instructors, staff, and representatives from any and all liability, claims, demands, or causes of action that may arise from my participation in these classes, whether caused by negligence or otherwise.

Medical Conditions (if any)

☐ I have read and agree to the terms and conditions of this Release of Liability Waiver.

Participant Signature

Date