

BALLET RINCON ACADEMY OF DANCE
DROP-IN CLASS LIABILITY RELEASE FORM (non-Ballet Rincon Students)

I, the undersigned, wish to participate in dance instruction at Ballet Rincon LLC.

I recognize that the staff of Ballet Rincon LLC will do all that is possible to ensure my (or my child's) safety. I also recognize that dance instruction is a demanding physical activity that can hold certain inherent risks, including serious injury.

I so hereby knowingly and voluntarily assume these risks as condition of instruction with Ballet Rincon LLC. I waive and release in advance any claim I may hereafter acquire against Ballet Rincon LLC, their employees and contracted instructors, arising out of any future physical injury I (or my child) may sustain while participating in their instruction programs.

I give Ballet Rincon LLC permission to make any emergency medical decisions on my behalf should an injury occur during the class I am participating in.

Student Name: _____ Phone Number: _____

Student Signature (if 18 years or older): _____ Date: _____

Parent/Guardian Signature (if student is under 18): _____ Date: _____

Emergency Contact: _____ Phone Number: _____

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