



BRING A FRIEND WAIVER OF LIABILITY

MISS BECKY'S BALLET~ TAP & JAZZ
3301 Hill St. Suite 402 Signal Hill CA. 90755
(562) 756-5127

Medical Emergency

I, the undersigned give permission to **Miss Becky's Ballet ~ Tap & Jazz**, its directors, officers, employees, agents, independent contractors and volunteers to seek medical treatment for the participant in the event they are not able to reach a parent, guardian or emergency contact. I also agree that I will be responsible for any financial debt incurred by said action. I have declared on this form any physical/mental disabilities, limitations, restrictions, or condition and/or declare the participant to be in good physical and mental health.

Physical restrictions, allergies etc. _____

Marketing Release

I understand that images of the participant may be used in **Miss Becky's Ballet ~ Tap & Jazz** ads, promotional videos, website material, or various other marketing. These images will be used for **Miss Becky's Ballet ~ Tap & Jazz** purposes only, and will not be given or sold to outside companies or individuals.

EXCLUSION OF LIABILITY

MISS BECKY'S BALLET ~ TAP & JAZZ, THE OWNER, EMPLOYEES, OR CONTRACTORS SHALL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES TO PERSONS, HOWEVER CAUSED, WHICH MIGHT BE SUSTAINED BY STUDENTS, THEIR FAMILIES, GUESTS OR OTHERS IN OUR FACILITY, OR IN ACTIVITIES WHICH MAY OCCUR DIRECTLY FROM OR INCIDENTAL TO ALL ACTIVITIES OF THIS STUDIO. THE UNDERSIGNED PARENT OR GUARDIAN AGREES TO HOLD HARMLESS AND INDEMNIFY MISS BECKY'S BALLET ~ TAP & JAZZ, THE OWNER, EMPLOYEES OR CONTRACTORS, WITH RESPECT TO ANY CLAIMS OF LIABILITY, PAST, PRESENT OR FUTURE, FOR ANY DAMAGE OR INJURY, OR LOSS OF LIFE TO PERSONS, HOWEVER CAUSED.

If you engage in dance classes, either in studio or online, you agree that you are doing so at your own risk, are voluntarily participating in these activities, assume all risk of injury, and agree to discharge **Miss Becky's Ballet ~ Tap & Jazz**, its directors, officers, employees, agents, independent contractors and volunteers, from any and all claims or causes of action.

I HAVE READ THE CONDITIONS OF THIS AGREEMENT AND UNDERSTAND AND AGREE TO THE CONDITIONS SET FORTH HEREIN.

CHILD'S NAME _____ AGE _____

SIGNATURE: _____ DATE: _____