



*Assumption of Risk and Waiver of Liability  
Jodie Randolph Dance*

I, \_\_\_\_\_, recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release Jodie Randolph Dance, its affiliate dance studios, event sponsors, employees, dance teachers, and volunteers from all liability for injuries sustained or illnesses contracted by me while attending or participating in any dance classes, workshops, or performances. I agree to indemnify, defend, and hold harmless Jodie Randolph Dance, its affiliate dance studios, event sponsors, employees, dance teachers, and volunteers for liabilities, costs and judgments arising from acts of omissions committed by me which result in injury or damage to any person or property.

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any classes, workshops, performances, or related activities. I hereby release Jodie Randolph Dance, its affiliate dance studios, event sponsors, employees, dance teachers, and volunteers from all liability for loss or damage to my personal property while attending or participating in classes or dance workshops, performances or related activities. I also agree to abide by any rules, regulations and policies set forth by Jodie Randolph Dance.

As a registered observer, I acknowledge and understand that individual Board/Faculty members may prohibit videography or the taking of photos in their classes or any events that I am admitted to. I agree that I will honor any such restrictions imposed and I will not hold Jodie Randolph Dance responsible nor will I expect an adjustment or reduction in any fees I have paid or agree to pay.

In case of physical injury or medical emergency, I hereby authorize Jodie Randolph Dance to make necessary arrangements to transport my child or me to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if I am under 18 years of age, I understand that Jodie Randolph Dance will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

In signing this release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems that preclude or restrict my participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me.

Jodie Randolph Dance reserves the right to use photographs, taken either in class or of students participating in class and/or their art, for the purposes of instruction, advertising and promoting Jodie Randolph Dance and its programs. Students, or parents of students who are minors, who do not wish to comply with this policy must notify a representative of Jodie Randolph Dance prior to participation in class.

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Guardian (if under 18): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

List any medical conditions, injuries, allergies, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby affirm that I have read and agree to the statements contained in this waiver and have provided accurate contact information.

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent signature (if under 18)*

\_\_\_\_\_  
*Date*