



Liability Release Form 2018-2019

I, _____, understand there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to The Rage Academy of Dance LLC, located at 406 W Pine #M, Raymore, MO, it's officers, members, managers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities, for any injury which may arise as a result in my participation in the activity. I hereby agree to release The Rage Academy of Dance LLC and hold The Rage Academy of Dance LLC harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect, or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

I also give The Rage Academy of Dance LLC permission to use my child's pictures or videos in or on any form of advertisement for The Rage Academy of Dance LLC.

If I am a minor, my parent and/or legal guardian has also signed this document releasing The Rage Academy of Dance from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

The participant has my permission to participate in The Rage Academy of Dance LLC events. I warrant the below information is complete and correct. I further release The Rage Academy of Dance LLC of all liabilities associated with my child's attendance at The Rage Academy of Dance LLC.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Participant's Name

Date

Please list any medications the participant is taking, and any other special medical instructions.
