



### RELEASE OF LIABILITY

I/we realize that participation in dance classes and other activities at Lisa Renee's Dance and Enrichment Studios (the "Studios") involves some risk and could result in personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, and in consideration for the Studios allowing me/us to participate, I/we (the participant and/or parent/guardian) assume all risks related to the use of the facilities and the participation in dance classes and other activities. I/we agree to release, waive, discharge and covenant not to sue the Studios, its owners, managers, officers, teachers, and employees (the "Releasees"), from and for any liability resulting from any personal injury, accident or illness and/or property damage or loss, however caused, which may occur on the premises before, during or after classes and other events.

Furthermore, I/we agree to obey the Studios' rules and to take full responsibility for my/our behavior, including to any damage that I/we may cause to the facilities. I/we agree to indemnify and hold the Releasees harmless from any and all claims, actions, damages and liabilities (including attorneys' fees), that arise from, or are in any way related to, my/our participation in the dance classes and other activities, except for those caused by the gross negligence or willful misconduct of the Releasees.

I/we understand and agree that the assumption of risk, release and waiver of liability, and indemnity is intended to be as broad and inclusive as is permitted by law in the State of Ohio, and that if any portion of the foregoing is determined to be invalid, it is agreed that the balance will continue in full force and effect. I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

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Name of Participant (Please Print)

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Signature of Participant (18 years or older) or Parent/Legal guardian

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Date Signed



### PHOTO/VIDEO RELEASE AGREEMENT (OPTIONAL)

In conjunction with my participation I give permission for *Lisa Renee's Dance and Enrichment Studios* to take and use photos and/or video of me or my child without remuneration in connection with studio publications, website, social media, and advertising. I understand that for the safety of our dancers and their families, names will not be published or posted publicly.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant (18 years or older)

\_\_\_\_\_  
Date Signed

### MEDICAL EMERGENCY POLICY (ADULTS)

I grant permission to the staff of *Lisa Renee's Dance and Enrichment Studios* to take first aid or emergency measures as judged necessary for my care and protection while participating in activities under the supervision of the studio. In case of medical emergency, I understand that I will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations, the staff will need to contact the emergency resource before my physician, and/or other person acting on the my behalf. I also understand and agree that I will be responsible for any expenses incurred.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant (18 years or older)

\_\_\_\_\_  
Date Signed