

North Shore School of Dance

Health and Personal Injury Release Form

Participant Information

Name: _____

Email Address: _____

Phone Number: _____

Emergency Contact Information

Name: _____

Phone Number: _____

Release and Indemnification Agreement

I agree to indemnify and hold harmless **North Shore School of Dance** (hereinafter referred to as *NSSD*), its employees, agents, officers, board members, volunteers, or any other persons, against any loss or expense, including attorney's or medical fees arising from bodily injury, personal injury, or property damage that may result from participation in any and all adult dance classes or other activities sponsored by or conducted by NSSD, or while visiting any facilities owned by, leased by, or controlled by NSSD.

NSSD represents that all equipment and facilities are in good repair and appropriate for their intended use, and that personnel are appropriately trained.

It is understood and agreed that this **Release of All Liabilities** shall remain in full force and effect **unless and until rescinded in writing** by the undersigned. This release is executed and maintained as a **written hard-copy document**.

Signed Statement of Understanding

I have read and understand the nature of this **Health and Personal Injury Release**, and I voluntarily agree to its terms. I confirm that I am the participant named below and that I am **18 years of age or older**.

Printed Name: _____

Signature: _____

Date: _____

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PHOTO/VIDEO RELEASE

I, the undersigned participant ("Participant"), voluntarily agree to the following in favor of **North Shore School of Dance**, including its owners, instructors, employees, agents, volunteers, and representatives ("NSSD").

1. Assumption of Risk

I understand that participation in dance and related physical activities involves **inherent risks**, including but not limited to falls, strains, collisions, and other injuries. I voluntarily **assume all risks**, known or unknown, arising from participation in NSSD classes, activities, or use of its facilities.

2. Release and Waiver of Liability

To the fullest extent permitted by law, I **release, waive, and discharge** NSSD from any and all claims or liabilities for injury, illness, death, or property damage arising from my participation or presence at NSSD, including claims resulting from the **ordinary negligence** of NSSD. This release does not apply to gross negligence or willful misconduct where prohibited by law.

3. Indemnification

I agree to **indemnify and hold harmless** NSSD from any claims, damages, losses, or expenses (including reasonable attorney's fees) arising from my participation or breach of this agreement, to the extent permitted by law.

4. Medical Acknowledgment

I represent that I am physically able to participate and assume responsibility for monitoring my own condition. I authorize NSSD to obtain **emergency medical treatment** if necessary and understand that I am responsible for all related costs. I acknowledge that NSSD does **not provide medical insurance** for participants.

5. Photo and Video Release

I grant NSSD permission to **photograph, videotape, or otherwise record** me during classes or activities and to use such images or recordings for lawful purposes including marketing, promotion, and educational use, without compensation. This release is granted unless revoked by me in writing.

6. Miscellaneous

This agreement applies to all participation with NSSD unless revoked in writing and acknowledged by NSSD. It shall be governed by the laws of the state in which NSSD operates. If any provision is found unenforceable, the remaining provisions shall remain in effect.

ACKNOWLEDGMENT AND SIGNATURE

I have read and understand this agreement and voluntarily agree to its terms. I confirm that I am **18 years of age or older**.

Printed Name: _____

Signature: _____

Date: _____

North Shore School of Dance, Inc.

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PHOTO/VIDEO RELEASE

Participant Name: _____

Email Address: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

RELEASE OF LIABILITY, ASSUMPTION OF RISK & PHOTO/VIDEO RELEASE

I, the undersigned participant ("Participant"), voluntarily participate in classes and activities at North Shore School of Dance ("NSSD"), including use of its facilities.

Assumption of Risk I understand that dance and physical activities involve inherent risks, including but not limited to falls, strains, collisions, and other injuries. I voluntarily assume all risks, known or unknown, arising from my participation or presence at NSSD.

Release of Liability To the fullest extent permitted by law, I release, waive, and discharge NSSD, its owners, instructors, employees, agents, and volunteers from any and all claims for injury, illness, death, or property damage arising from my participation or use of NSSD facilities, including claims based on the ordinary negligence of NSSD. This release does not apply to gross negligence or willful misconduct where prohibited by law.

Indemnification I agree to indemnify and hold harmless NSSD from any claims, damages, or expenses (including reasonable attorney's fees) arising from my participation or violation of this agreement, to the extent permitted by law.

Medical & Insurance I represent that I am physically able to participate and will monitor my own condition. I authorize NSSD to obtain emergency medical treatment if necessary and accept responsibility for all costs. I understand that NSSD does not provide medical insurance.

Photo & Video Release I grant NSSD permission to photograph or record me during activities and to use such images or recordings for lawful purposes, including promotion and education, without compensation, unless revoked by me in writing.

Miscellaneous This agreement applies to all participation with NSSD unless revoked in writing and acknowledged by NSSD. It is governed by the laws of the state in which NSSD operates. If any provision is unenforceable, the remainder shall remain in effect.

ACKNOWLEDGMENT AND SIGNATURE

I have read and understand this agreement and voluntarily agree to its terms. I confirm that I am **18 years of age or older**.

Printed Name: _____

Signature: _____ Date: _____