

# Excell Dancers Waiver and Release Form

Student Information:

Full Name of Student: \_\_\_\_\_

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

Full Name of 2<sup>nd</sup> Student: \_\_\_\_\_

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

Name of Parent(s): \_\_\_\_\_

Street

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

Phone numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(work) \_\_\_\_\_

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

Emergency Contact -- other than self: (Name) \_\_\_\_\_

(Home phone number) \_\_\_\_\_

(Cell phone number) \_\_\_\_\_

Medical Problems/ Health conditions: \_\_\_\_\_

\_\_\_\_\_

## Waiver and Release of all Claims

I, \_\_\_\_\_, as legal guardian of the above student(s), recognize that activities involving dance could result in physical injury to said student(s). I voluntarily consent to said student(s) participating in dance classes with Excell Dancers and I accept all the associated risks of such. I hereby release and waive any and all claims against Excell Dancers, and all of its employees and volunteers, for any liability including, but not limited to personal and bodily injury (including death), and loss of or damage to property of the student(s) (or persons related to the student(s)) which may occur while participating in dance activities.

In the event of emergency, I hereby consent to allow Excell Dancers, its employees and volunteers, to administer first aid to said student(s) for any injury or illness sustained during participation in dance classes and, if necessary, to seek medical help, including transportation to a medical facility or hospital, or to call an ambulance for the student(s) mentioned above.

I signify that the student(s) above are in good health and have listed any medical or physical condition that would place the student(s) at risk while participating in aforementioned activities.

I have read and understand the release and waiver terms above and agree to all their contents.

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Signature of Parent or Legal Guardian of Student(s)

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Date

**Photo Release:** I hereby allow Excell Dancers to photograph and/or video record my child(ren) and grant them the use of such material for publication in any media related to the company (whether for profit or not). I will make no monetary or any other claims against Excell Dancers for the use of such photograph(s) and/or video(s).

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Signature of Parent or Legal Guardian of Student(s)

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Date