

Wellness through Dance!

Lifting the Hearts of Humanity!

Class: **BFA**

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY (Please print in ink)

Today's Date: _____ Student's Date of Birth _____ Student's Age _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____

Student's Venmo _____

Dance/Movement/Music experience: _____

Please read carefully; I hereby agree to the following:

1. That I am participating in the classes/workshops offered by *iMuevete!*TM Dance Studio and BFA during which I will receive information and instruction regarding fitness and health. I recognize that these classes/workshops will require physical exertion that may be strenuous and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the classes/workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the classes/workshops.
3. In consideration of being permitted to participate in classes/workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur because of participating in the program.
4. In further consideration of being permitted to participate in classes/workshops, I knowingly, voluntarily and expressly waive any claims that I may have against *iMuevete!*TM Dance Studio and BFA for any injury or damages sustained as a result of participating in the program. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue *iMuevete!*TM Dance Studio nor BFA for any injury or loss caused by their negligence or other acts.
5. **No REFUNDS, No TRANSFERS**, payment valid for 30 days only. **Venmo payment** request may be issued to student if class fee is not paid prior to class.

I have read the above release/waiver of liability and the BFA Protocols and fully understand its contents. I also note that photos and or videos may be taken by staff for promotional purposes. I voluntarily agree to the terms and conditions stated above.

Participant Signature _____

Date _____

If participant is under 18:

As legal guardian of: _____ I consent to the above terms and conditions

Signature of Parents/Guardian of Participant _____

Date _____

Print Name of Parent/Guardian of Participant _____

How did you find us? Pass by _____ Friend _____ Internet _____ Other _____