

Just Dance...



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www.showbizacademyofdance.com

Waiver of Liability for the _____ Dance Season

I, _____ the parent/legal guardian of the Student _____, understand that participation in dance classes, intensives, workshops, camps, competitions and performances associated with ShowBiz Academy of Dance may result in personal injury. I am voluntarily consenting with knowledge to the Student's taking part in the above activities and I agree to accept all risks arising there from. I hereby release and discharge ShowBiz Academy of Dance and Meghan Lloyd, the host venue, members and persons employed or engaged by them from all liabilities, known and unknown, arising out of the Student's participation in the above activities, including but not limited to bodily injuries and loss of or damage to property. In the event of injury, I authorize ShowBiz Academy of Dance to obtain necessary medical treatment on the Student's behalf. I understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury that the Student may sustain during any of the above activities. I am aware that the Student may decline to participate in any of the above activities.

Film/Video/Photography Release for the _____ Dance Season

I hereby grant ShowBiz Academy of Dance and/or any of the authorized photographer's and videographer's, permission to photograph and/or film the Student during any dance class, intensive, workshop, camp, competition and performance associated with ShowBiz Academy of Dance. I understand that the Student's name, face, likeness, voice and appearance may be used for broadcast, public relations and/or marketing efforts on behalf of ShowBiz Academy of Dance.

As the parent or legal guardian of the Student, I have full authority to execute this Waiver of Liability and Film/Video/Photography Release on behalf of myself and the Student.

Name of Student (Print):

Student Signature:

Date: _____

Name of Parent/Legal Guardian (Print):

Signature of Parent/Legal Guardian:

Date: _____