



## LIABILITY RELEASE: Bring a Friend

FRIEND NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CDA DANCER NAME ATTENDING WITH: \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMERGENCY CONTACT & PHONE NUMBER: \_\_\_\_\_

LIST ANY SPECIAL CONDITIONS THE INSTRUCTOR SHOULD BE AWARE OF:

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**\*Please initial and sign the following.**

**Participant Name:** \_\_\_\_\_

*If under 18 – please list child’s name and have legal guardian sign below.*

\_\_\_\_\_ I understand and acknowledge that there is a risk of injury inherent in dance/exercise activities and that personal injury and/or damage to property may result during participation in dance/exercise and related activities.

\_\_\_\_\_ I acknowledge that \_\_\_\_\_ (*Participant Name*) is physically able to safely participate in dance/exercise and physical related activities both on Cumming Dance Academy, Inc. premises and on any other locations where Cumming Dance Academy, Inc. may be holding performances or demonstrations.

\_\_\_\_\_ I agree to assume all risks associated with participation in dance/exercise instruction, and related activities.

\_\_\_\_\_ I acknowledge that the participant is covered under an adequate insurance policy.

\_\_\_\_\_ I release Cumming Dance Academy, Inc. officers, staff, owners, faculty of all injury, medical bills, damage to property, loss of personal items, occurring in or around the studio premises or at any functions held at other locations in connection with the dance/exercise classes the the participant is agreeing to.

\_\_\_\_\_  
Signature of Participant (*if 18 or older*) and/or Parent/Legal Guardian

\_\_\_\_\_  
DATE