



Liability and Release Form 2015/2016

Just For Kicks Dance Studio Liability Release Form and Assumption of Risk I/we realize that participation in dance classes and activities could result in some possible personal injury. Despite precautions being taken by the studio, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Just for Kicks Dance Studio. I/we agree to release from responsibility the Just for Kicks Dance Studio, Salmon Arm and Revelstoke BC including all teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Just for Kicks Dance Studio, Salmon Arm or Revelstoke BC, liable for any personal injury including: scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death or any personal property damage/loss, which may occur on the premises before, during or after classes. Initial

_____ Date _____ Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Just for Kicks Dance Studio, Salmon Arm, BC Initial _____ Date _____ I understand that Just for Kicks Dance Studio, Salmon Arm and Revelstoke BC are licensed, accredited and insured organizations. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to Patty Fleming, owner, the administrator, instructors or staff members as soon as possible.

PHOTOGRPAHY/ VIDEO – I give permission for my son/daughter’s photographs/videos to be used for publicity and advertising in the studio, on the Just for Kicks website, and in the community.

Sign _____ Date _____

Dancer’s Name: _____ Age _____

Signature(if over 18) _____

Date: _____

Parent/Guardian Name: _____

Phone: _____

Parent/Guardian Signature: _____

Date: _____

Witness _____ Date _____