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Jump N' Move
Little Sunshines At The Old Fork Elementary

Today's Date _____

Student's Name _____ Age _____

Date of Birth _____

Parent's Name(s): _____

Address _____ City/State _____ Zip Code _____

Cell Phone _____

E-mail _____

LIABILITY WAIVER

1. I understand that dance and fitness may require strenuous physical activity and that there is a risk of personal injury or other losses or damages arising out of such.
2. I certify that the student is physically fit and has no physical or mental condition, which may limit his or her ability to safely participate in the classes in which the student has enrolled, and/ or else I am willing to assume, and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
3. I hereby acknowledge and agree that, by participating in the dance and/or fitness programs offered, I assume all of the risk of injury, and I hereby agree further that I will not assert any claim against KC DANCE & FITNESS LLC or its employees by reason of any injury, or other losses or damages arising out of the student's participation in the dance recitals.
4. I hereby voluntarily release, and agree to indemnify and hold harmless KC DANCE & FITNESS LLC and its employees from any and all claims, demands, or causes of action, which are in any way connected with the student's participation in the dance and/or fitness classes or recitals and any and all liability for any injuries or illnesses sustained or incurred while participating in the program at KC DANCE & FITNESS LLC or during any activity organized by KC DANCE & FITNESS LLC.
5. Should KC DANCE & FITNESS LLC, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
6. I hereby authorize the staff members at KC DANCE & FITNESS LLC to act for the student in any emergency requiring medical attention using their best judgment.
7. All medical expenses incurred will be the responsibility of the student or the student's family. I have no knowledge of any physical or mental impairment or disability that would prevent the student's participation in this program.
8. The student is covered exclusively by medical and other health insurance and I am responsible for all medical payments.

Photography Release

KC Dance & Fitness LLC may occasionally use (except where prohibited by law) the students name, photograph, and any statement or remark the student or his or her parent has made about participating in our programs or recitals for advertising and promotional purposes without additional compensation. Unless otherwise notified in writing, I give permission for KC Dance & Fitness LLC to use the student's photographs, name or statements.

Parent Signature: _____

Printed Name: _____ Date: _____