



Liability Waiver and Photo Release

Parent Name or Student Name (if over 18)	
Birthdate	
Child's Name	
Email	
Phone	
Emergency Contact Name & Number	
Medical Limitations and/or Allergies	

Please read and initial below and then sign on the back of this sheet.

_____ I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance and all movement arts. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Athens Studio for Performing Arts, LLC, its officers, agents, employees, instructors, subsidiaries, parent corporations and all affiliated entities (hereinafter collectively referred to as "The Studio Athens").

_____ I hereby agree to release The Studio Athens and hold The Studio Athens harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance and movement, on behalf of the participant.

_____ I am aware that this is a release of liability and an acknowledgment of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and out of my own free will in exchange for the privilege of participation.

_____ MEDIA RELEASE (Circle one): I **DO / DO NOT** give The Studio Athens permission to use my child's picture in or on any form of advertisement for The Studio Athens or an The Studio Athens affiliated event.

_____ If I am a minor, my parent and/or legal guardian has signed this document releasing The Studio Athens from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

_____ I warrant the above information is complete and correct. I further release The Studio Athens of all liabilities associated with my child's attendance at The Studio Athens.

COVID-19 Liability Waiver: By enrolling in classes, at The Studio Athens ("Activity") at 160 Tracy Street, Unit 8 ("Location"), I agree for myself and for the members of my family, to the following terms and conditions:

_____ **AGREEMENT TO FOLLOW DIRECTIONS AND POLICIES.** I agree to observe and obey all posted rules and warnings regarding COVID-19, and further agree to follow any written or oral instructions or directions given by The Studio Athens, or the employees, representatives or agents of The Studio Athens including but not limited to the following policies:

- a. Upon entry, temperatures will be checked, hands will be sanitized, and outdoor shoes left in cubbies or lockers. Any person with a fever will not be allowed to enter the studio.

- b. Face coverings are required throughout the studio for all students ages 2 and up, regardless of vaccination status, in accordance with the current CDC recommendations. THIS IS SUBJECT TO CHANGE BASED ON CURRENT COVID-19 data.
- c. Only materials necessary for class (shoes, water bottle) may be brought into the studio.
- d. If you have experienced any signs of illness (fever, coughing, fatigue) do not come to class.
- e. If anyone in your family or close associate has shown signs of illness (fever, coughing, fatigue) please consider not coming to class.
- f. We ask you to consider the health of the other students and teacher when evaluating whether or not to send your dancer.

ASSUMPTION OF THE RISKS AND RELEASE

_____ Any person entering the premises waives all civil liability against this premises owner and operator for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the individual or entity of the premises.

_____ I acknowledge that The Studio Athens has followed all local and state requirements regarding the coronavirus pandemic to reduce the spread of COVID-19. I acknowledge that The Studio Athens cannot guarantee that I, or members of my family, will not become infected with COVID-19.

_____ **HOLD HARMLESS.** I agree to indemnify, defend, and hold harmless The Studio Athens at the Location from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence at the Location.

_____ **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this waiver and that I have been given a reasonable opportunity to review it before signing. I agree and acknowledge that The Studio Athens has offered to refund an applicable portion of fees I have paid for this Activity if I choose not to sign this waiver in conjunction with the signed Terms and Conditions of The Studio Athens. Furthermore, I agree and acknowledge that I have read and understand the Refund Policy for this Activity and any applicable refund of fees will follow the Refund Policy.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Parent/Guardian Name & Signature	
Student Name & Signature	
Date	