## DREAMS IN MOTION STUDIO OF DANCE WAIVER & RELEASE FROM LIABILITY FORM

| I,(PRINT YOUR   | NAME) THE PARENT/GUARDIAN TO          | Dreams in Motion STUDIO OF DANCE |
|---|---------------------------------------|----------------------------------|
| (PRINT STUDENT  | 'S NAME) AGREE TO THE FOLLOWING:      |                                  |
|   |                                       |                                  |
| I, AGREE THAT IF MY DEPENDENT OR I (HERETOFORE KNOWN AS "WE")     | ENGAGE IN PHYSICAL EXERCISE, CLAS     | S, OR ACTIVITY, OR               |
| FACILITY ON THE PREMISES OR ANY VENUE WHERE WE PARTICIPATE AS     | REPRESENTATIVES OF DREAMS IN MOTI     | ON STUDIO OF DANCE,              |
| WE DO SO AT OUR OWN RISK. I AGREE THAT WE ARE VOLUNTARILY PART    | ICIPATING IN ACTIVITIES AND USE OF SA | AID FACILITIES,                  |
| PREMISES (INCLUDING THE PARKING LOT) AND DESIGNATED DREAMS IN     | N MOTION STUDIO OF DANCE VENUES. W    | E ASSUME ALL RISK OF             |
| INJURY, ILLNESS, DAMAGE, OR LOSS TO US OR OUR PROPERTY THAT MI    | GHT RESULT, INCLUDING, WITHOUT LIMIT  | TATION, ANY LOSS OR              |
| THEFT OF ANY PERSONAL PROPERTY. I AGREE THAT THIS CONSENT AND     | ASSUMPTION OF RISK STATEMENT COV      | ERS EACH AND EVERY               |
| EVENT OR ACTIVITY SPONSORED BY DREAMS IN MOTION STUDIO OF DAM     | NCE. I AGREE TO RELEASE AND DISCHAF   | RGE YOU (AND YOUR                |
| AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, A     |                                       |                                  |
| ACTION (KNOWN OR UNKNOWN) ARISING OUT OF YOUR NEGLIGENCE. I       |                                       |                                  |
| AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABI    |                                       | AY HAVE TO BRING                 |
| LEGAL ACTION TO ASSERT A CLAIM AGAINST YOU FOR YOUR NEGLIGENO     | <b>E</b> .                            |                                  |
| PHOTO/IMAGE RELEASE: I GIVE MY CONSENT FOR IMAGES (PHOTOGRAP      | OHS VIDEO) OF MY DEDENDENT TO BE TA   | KEN AND LISED TO                 |
| DOCUMENT THE ACTIVITIES OF DREAMS IN MOTION STUDIO OF DANCE. I    |                                       |                                  |
| USE THE IMAGES FOR EDUCATIONAL AND PROMOTIONAL PURPOSES. I U      |                                       |                                  |
| DEPENDENT TO BE USED, I WILL INDICATE THIS IN WRITING AND THE SIG |                                       |                                  |
|   |                                       |                                  |
| I HAVE FULLY INFORMED MYSELF AS TO THE CONTEN                     | ITS OF THIS RELEASE AND H             | VE READ THE                      |
| SAME PRIOR TO SIGNING.  |                                       |                                  |
|   |                                       |                                  |
| SIGNATURE OF PARENT/GUARDIAN:                                     |                                       |                                  |
|   |                                       |                                  |
| SIGNATURE OF STUDENT:   |                                       |                                  |
|   |                                       |                                  |
| STUDENT'S NAME:   | DATE:                                 |                                  |