



Liability Waiver / Assumption of Risk and Release

Please only fill out one Liability Waiver per dancer or bystanders.

My signature below releases POYDS Dance Company, LLC, its officers, directors, staff, employees, independent contractors, volunteer help and landlords from any and all liability that may result from myself participating in dance lessons, exercise classes, rehearsal, parties, private lessons, performances or any function sponsored by POYDS Dance Company, LLC.

I agree to hold POYDS Dance Company, LLC, its officers, directors, staff, employees, independent contractors, volunteer helpers, and landlords 100% harmless for any and all injury that may result from myself or any member of my family participating in the activities listed above. Our participation is completely voluntary.

I am aware that dancing involves inherent risks and can result in serious personal injury or death. I hereby freely assume and accept any and all kind of injury while dancing at this studio location and release the dance company owner, studio owner, its management, leaser, landowner and their after successors and assigns from any liability whatsoever for bodily injury or property damage resulting acts and omissions in the design, operation, supervision and maintenance of the dance studio.

I am aware that dancing involves inherent risks and can result in serious personal injury or death. I hereby freely assume and accept any and all kind of injury while dancing at this studio location and release the dance company owner, studio owner, its management, leaser, landowner and their after successors and assigns from any liability whatsoever for bodily injury or property damage resulting acts and omissions in the design, operation, supervision and maintenance of the dance studio.

I am fully and personally responsible for my safety and actions while and during my participation and I recognize that I may in any case be at risk of contracting COVID-19. With the full knowledge of the risks involved, I hereby release, waive, discharge the POYDS Dance Company, its officers, directors, staff, employees, volunteer helpers, independent contractors, representatives and landlords, and assigns from any and all liabilities, claims, demands, actions and causes of actions whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities and claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death related to COVID-19. I understand that this waiver will remain effective until laws and mandates related to COVID-19 are lifted.

I have listed any medical problems that my child has on the class registration in order to receive dance lessons, field trip or other dance services provided by POYDS Dance Company. Our family doctor approves of my participation in the above activities in spite of any medical problems listed below. My signature verifies that I have read this waiver and agree and accept its contents; that I am at least eighteen (18) years old and fully competent to give my consent.

Liability Waiver Signature Page:

Print Name of Individual Participating: _____

Signature: _____ Date: _____

Parent / Guardian Signature (If Under 18 yrs):

_____ Date: _____

Please give a 1 - 2 name(s) and phone number(s) of the nearest relative or friend that the studio may contact in case of an emergency, if we cannot reach you.

To ensure your health & safety, please list all past / current medical conditions and allergies to create a safe and fun dance environment.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

_____ I am aware of the existence of the risk on my physical appearance to the venue and my participation in the activity of the Organization that may cause injury or illness such as, but not limited to COVID-19.

_____ I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms related to COVID-19 or any communicable disease within the last 14 days.

_____ I have not, nor any members of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.

_____ I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

