

Name of Child: \_\_\_\_\_

Agreement and Release from Liability  
By Parent or Legal Representative

Class: \_\_\_\_\_

### Voluntary Participation

I, \_\_\_\_\_ (name of parent or legal representative),  
acknowledge that my daughter, son and/or child for whom I have legal custody has  
voluntarily applied to engage in dance and dance-related activities at the premises of the  
North Coast Dance studio located at 426 F Street, Eureka, California.

### Assumption of Risk

I AM AWARE THAT DANCE AND DANCE-RELATED ACTIVITIES ARE A  
HAZARDOUS ACTIVITY. MY SON, DAUGHTER, AND/OR CHILD FOR WHOM  
I HAVE LEGAL CUSTODY IS VOLUNTARILY PARTICIPATING IN THESE  
ACTIVITIES WITH KNOWLEDGE, BOTH HIS/HERS AND MINE, OF THE  
DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL  
RISKS OF INJURY OR DEATH, FROM ANY CAUSE OR SOURCE  
WHATSOEVER AND VERIFY THIS STATEMENT BY PLACING MY INITIALS  
HERE: \_\_\_\_\_

### Release

As consideration for my daughter, son or child for whom I have legal custody being  
permitted by North Coast Dance or one of its affiliated organizations to participate in these  
activities and use their facilities, I hereby agree that I, my child, my assignees, heirs,  
distributes, guardians, and legal representatives will not make a claim against, sue, or attach  
the property of North Coast Dance or any of its affiliated organizations (or the supplier of  
any of the equipment used in these activities) for injury or damage resulting from the  
negligence or other acts, howsoever caused, by any employee, agent, director, officer or  
contractor of North Coast Dance or any of its affiliated organizations as a result of my  
participation in dance and dance-related activities.

I hereby agree to hold harmless North Coast Dance and its agents from any and all claims  
arising out of my child's participation in any activities whatsoever. I, and my child, waive  
any potential claims against North Coast Dance its contractors, employees and agents.

**AUTHORIZATION**

I, \_\_\_\_\_, am a parent having legal custody of \_\_\_\_\_, who was born on \_\_\_\_\_.

I hereby authorize the North Coast Dance, into whose care the minor has been entrusted, to consent to emergency medical and/or dental treatment for \_\_\_\_\_ (minor's name) under Section 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any medical and/or dental treatment to be rendered to or for \_\_\_\_\_ (minor's name) under the general or special supervision of a qualified physician, surgeon or dentist.

*[Optional]*

I further authorize North Coast Dance to receive physical custody of \_\_\_\_\_ (minor's name) under Section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of \_\_\_\_\_ (minor's name) to North Coast Dance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Contact Information*

*\* Please no abbreviations (with the exception for state)! Please list everything in full.*

Address, City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Knowing and Voluntary Execution**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NORTH COAST DANCE AND/OR ITS AFFILIATED ORGANIZATIONS AND SIGN OF MY OWN FREE WILL.

Executed at \_\_\_\_\_ in \_\_\_\_\_, California on \_\_\_\_\_.  
*Location City Date*

All parents and/or legal representatives are to sign:

*Signature of Parent or Legal Guardian*

*Signature of Parent or Legal Guardian*

*Signature of minor, dance participant*

Declaration of Witness

I certify that \_\_\_\_\_ (parent and/or legal representative) acknowledged in my presence that he / she had read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

*Witness Signature*

# Photo Release for Children Under 18 Years of Age

I understand that North Coast Dance may photograph or videotape my dependent in classroom settings and/or during performances or rehearsals. Further, I understand that North Coast Dance may wish to use photographs or video of my dependent for publicity purposes.

I hereby grant to North Coast Dance the right to use photographs of my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing.

Name of child:

Signature of  
Parent or Guardian:

Print Name of  
Parent or Guardian:

Address:

Date: \_\_\_\_\_

I do not wish for North Coast Dance to use photographs or video of my child for publicity purposes.

Last updated April 19, 2011