



# Miss Cindy's Dance Studio

## Consent, Release and Authorization

I, \_\_\_\_\_, being the parent or legal guardian of the child named below, consent to my child's participation in the activities of Miss Cindy's Dance Studio. I further consent to Miss Cindy's Dance Studio taking and using photographs and videos of my child during his/her participation in the activities of Miss Cindy's Dance Studio for commercial purposes or marketing activities without compensation to my child or me.

I understand there is a risk of bodily injury or other dangers associated with participation in dance activities including travel to and from performance, competition, recital and rehearsal venues. Dangers peculiar to activities normally engaged in by dance include, include but are not limited to, bodily injury resulting from falls while using any of the dance equipment, or performing the wrong execution of an exercise. I further understand that all reasonable safety precautions will be taken by Miss Cindy's Dance Studio and Cynthia Jean Brown and that the possibility of an unforeseen hazard does exist.

In consideration of my child being permitted to participate in dance studio activities, I hereby release and discharge Miss Cindy's Dance Studio and Cynthia Jean Brown, their agents, employees or volunteer staff from liability for any damages, losses, diseases, injuries or costs incurred by my child by or during participation in the dance studio activities. I further indemnify and hold harmless Miss Cindy's Dance Studio and Cynthia Jean Brown from any damages it incurs or any claim for damages resulting from or on account of my child's participation in the activities of Miss Cindy's Dance Studio.

I authorize Miss Cindy's Dance Studio and Cynthia Jean Brown to seek treatment for any injury or illness to my child while participating in dance activities or otherwise in the care of Miss Cindy's Dance Studio. I further authorize the physician and/or hospital, to which my child is taken by Cynthia Jean Brown, to treat any injury or illness to my child. I verify that my child is in good health and physically capable in dance activity or event.

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The release and consent forms must be signed at the studio when you arrive for the first dance class.

Child dancer's name \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_  
parent signature