MEDICAL RELEASE/LIABILITY FORM

Participating in the following activities of classes, try-outs and training organized by Image Dance Studio at 849 Jackson Street Suite #1C Napa Ca 94559 and / or use of property, facilities and services of Image. I agree to the following. I agree to observe and obey to all posted rules and agree to follow directions given by Image employees. I recognize the inherent risk of the following activities and resume full responsibility for personal injury to myself and my family members. I further release Image Dance Studio for injury, loss or damage arising from my families use or presence upon the facilities of Image Dance Studio, whether the fault is myself, my family, Image Dance Studio or other third parties. I agree to indemnify and defend Image Dance Studio against all claims, cause of any action, damages, judgments and expenses. This includes attorney fees and other litigation costs, which could arise from myself or my families use of presence of the facilities of Image Dance Studio. I agree to pay for all damages to the facilities of Image Dance Studio caused by myself or my family's neglect and reckless behavior. Any legal or equitable claim may arise from participation in the above should be resolved under California law.

I read and understand this document as well as the rules of Image Dance Studio. By signing this release I understand and voluntarily surrender certain legal rights. Please have parent sign if you're under 18 years old.

Parents Signature: _____ Print Name: _____Date: _____

Students Signature: _____ Print Name: _____ Date: _____

Dancer Contact Information

Dancer First Name

Dancer Last Name

M F
Sex

Address

City, St, Zip Code

Date of Birth

Age

Home Phone #

Cell Phone #

Email Address

Facebook Account

Instagram Account

Twitter Account

Parent Contact Information

Parent First & Last Name

Parent First & Last Name

Address/ State/ Zip Code

Address/ State/ Zip Code

Home Phone #

Cell Phone #

Home Phone #

Cell Phone #

Parent Email Address

Parent Email Address

Social Media Account

Social Media Account

Emergency Contact Information

First Name

Last Name

Address/ State/ Zip Code

Relative or Friend

Home Phone #/ Work Phone #

Cell Phone #

Any Medications / Medical conditions I should be aware of please list: