The All-American Dance Studio
Home of the Laredo All-American "500+ Times NATIONAL CHAMPION" All-Stars
9652 McPherson Road Suite 300
(956)723-2326 or (956)337-8660 E-mail laacheer@hotmail.com

2021-2022 RELEASE OF LIABILITY

Name: _____ Phone: _____

Address: _____Age: _____DOB:_____

Parent/Guardian: _____ Cell #:_____

Other Cell #:_____ Email: _____

Emergency contact person: _____ Phone #_____

Please list pertinent health information: _____

Health Insurance Company and Policy number_____

I hereby release *The All-American Dance Studio*, Norma and Simon Arriaga, their assistants, instructors, student and parent volunteers and helpers from any and all liability resulting from my son/daughter's participation in any and all classes, stunts, practices, tumbling, performances, trips, camps, competition, parades, and any activity or event related for *The All-American Dance Studio*

I fully understand the risks involved in dance and/or cheerleading activities my son/daughter is registered for, and I accept such, unconditionally, and take full responsibility for any and all accidents and/or injuries, which may occur as a result of her participation at *The All-American Dance Studio.*

I fully understand the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to the virus by attending classes at *The All American Dance Studio*. I understand that the result of being exposed to COVID-19 may result from my actions or actions of others but will take sole responsibility for the exposure.

I authorize for my son/daughter to participate in building/stunting training and spotted tumbling with *The All-American Dance Studio*. I recognize that social distancing will not be possible, and I assume the risk on behalf of my son/daughter that they may be exposed to COVID-19 during participation. I fully understand that spotted tumbling involves contact between my daughter/son and their coaches.

In signing this, I claim that my child(ren) do not have any of the following symptoms that may indicate infection and to my knowledge are not infected with COVID-19: Fever, Cough, Shortness of Breath. I also agree to notify *The All American Dance Studio* if my child(ren)'s health status were to change or if we were to be made aware of any Covid-19 exposures within the household. I also agree to follow all *The All American Dance Studio* Gym Protocols which include but are not limited to: Temperature screenings on entry, shoes and hands sanitized, must wear a face mask (covering nose/mouth) at all times, remain socially distanced and others listed/posted on our pamphlet, website and around the gym.

I also understand that this signed release of liability is effective and ongoing as long as my son/daughter is registered for classes at *The All-American Dance Studio*, continues in participation; and/or returns to classes after a leave of absence resulting from illness, temporary withdrawal, personal reasons, failure to pay tuition, taking lessons with an instructor not assigned by AADS and/or reason causing an interruption of participation.

_____ _____

Parent Signature Date

Notes: _____