Waiver of Liability (required to take classes)

As a participant in **any** program or class being held at Sara Kate's Dance Studio, I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages or loss that I or my minor child may sustain as a result of participating in any activities connected with or associated with such program or class. I agree to waive and relinquish all claims I or my minor child may have as a result of participating in any program or class against Sara Kate's Dance Studio and its officers, agents, servants, employees and independent contractors.

I further agree to indemnify and hold harmless and defend Sara Kate's Dance Studio and its officers, agents, servants, employees and independent contractors from my claims resulting from injuries including death, damages and losses sustained by me or my minor child that arise out of, in connection with, or in any way associated with the activities of this program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Student's Name (printed)	Signature (Parent, if minor child)	Date
Dance Studio Representative's Sign	nature	
, ,	Optional Waiver permit use of you/your child's image as we will not use your/your child's image	
use in any of our publicity or educ Kate's Dance Studio. These materi and performances, newsletters, v	o be photographed, videotaped or othe cational materials of classes and prograials include, but are not limited to, photovarious other publications, internet web videos of classes or performances.	ams held at Sara ographs of classes
Student's Name (printed)	Signature (Parent, if minor child)	Date

BOTH WAIVERS ARE VALID FOR ONE YEAR FROM DATE OF SIGNATURES.