



## **Student Waiver & Release of Liability**

I have received or will obtain a copy of Metropolis Dance Studio policies and will take the responsibility to carefully read and follow the rules and policies therein. I understand that Metropolis Dance does not give credit and/or refunds for class(es) missed due to holiday, vacation, illness, weather, etc. I further understand that there are specific risks of physical or property damages, losses, or injury that may result from my or my child's participation with Metropolis Dance, and I voluntarily assume the risks associated with such participation.

If I have questions about whether an activity is suitable for me to pursue, I will consult my health care provider in making that decision. If I have any known physical vulnerabilities, conditions, or injuries, I agree to discuss them with the director before participating.

### **Release**

I release Metropolis Dance Studio and their directors, owners, students, teachers, staff, employees, volunteers, associates (collectively referred to in this document as "MDS") from any liability or claim that I or my representatives may have against MDS with respect to any bodily injury, personal injury, illness, death, or property loss or damage that may result from my participation at MDS.

I voluntarily release and forever discharge and hold harmless MDS from any and all claims or demands for damages, loss of services, costs and expenses, injuries, attorney fees, and any other call for reparation from any and all injury to me or my property arising in any way from my participation in dance classes, camps, intensives, workshops, performances, troupes, the use of MDS equipment or facilities, and any activities associated with MDS.

### **Risks**

I understand that there are risks of physical injury associated with, arising out of, and inherent to dancing. These risks include the potential for slips and falls, sprains, strains, dislocations, soft tissue injuries, musculoskeletal injuries, podiatric conditions, and other risks not specified here.

Understanding these risks and the potential for others not listed, I agree to personally accept and assume all of the risks present in my participation at MDS. My participation at MDS is entirely voluntary, and I choose to participate in spite of the risks.

Dance education sometimes requires hands-on instruction as well as verbal instruction. Instructors may correct dancers by touching their arms, legs, feet, hips, back and head to move them in the correct position. I acknowledge that this is a common standard in dance instruction and understand that it is my responsibility to communicate clearly with my teacher and/or the director if any form of touch is unacceptable to me.

### **Medical Treatment and Insurance**

I understand that MDS does not assume any responsibility for or obligation to provide financial or other assistance in the event of injury or illness, including but not limited to medical, health, or disability insurance or support.

I authorize MDS to obtain necessary medical or dental treatment, including first aid, ambulance transport, hospitalization, or such other care necessary for my health and welfare in an emergency. If my insurance

does not cover emergency treatment that is deemed necessary and sought for me by MDS, I agree to be responsible for and pay all costs incurred on my behalf.

I release and discharge MDS from any claim which may arise on account of any first aid, treatment, or service rendered in connection with my participation in MDS activities or with the decision by any representative or agent of MDS to consent to medical or dental treatment on my behalf in an emergency.

I understand that MDS does not carry or maintain health, medical, dental, or disability insurance coverage for any participant. I agree to take responsibility for full payment of any emergency medical or dental costs related to my MDS participation regardless of whether I have insurance coverage.

### **Photographic Release**

I understand that MDS may take photo and video recordings of me during my participation in MDS classes and activities. I convey to MDS full rights and interest in these recordings. I understand such recordings may be used in advertising or other published materials, physical or virtual.

If I do NOT consent to being photographed or video-recorded, I will make sure the director is aware of my concerns and the reasons for them, I will be proactive about avoiding being photographed or recorded, and I will hold MDS harmless if a photo or video recording of me is released despite all precautions. I understand that this choice may limit my participation in performances that are routinely photographed and/or videotaped. **I understand that participating in shows and performances will grant automatic consent.**

### **Miscellaneous**

While a participant at MDS, I agree to abide by any rules, codes, and policies that are put in place by MDS before or at any time during my participation. If I have questions or concerns regarding any policies or decisions made by any representative of MDS, I agree to bring them promptly and specifically to the director's attention.

If I file a lawsuit against MDS, I agree to do so solely in the state of Washington and agree that the substantive law of Washington shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.



I Accept

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Electronic Signature Agreement. By selecting the "I Accept" checkbox, I am signing this agreement electronically. I agree this electronic signature is the legal equivalent of my manual signature on this agreement.

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**



I Accept