



PARTICIPANT WAIVER

Hollywood Dance Jamz, LLC

ACCEPTANCE OF RISK WAIVER AND RELEASE OF LIABILITY

This form must be filled out by each participant (Parent or legal guardian if under 18). This includes all Minis, Juniors, Intermediates, Teens, Seniors, and Registered Teachers.

Participant Name _____ Name of Parent/Legal Guardian _____

Birthdate _____ Age _____ Dance Studio _____

Home Address _____ Event Dates _____

City _____ State _____ Zip _____ Cell Phone _____ Evening Phone _____

Email of Parent _____ Email of Participant _____

PARENT/LEGAL GUARDIAN OR ADULT PARTICIPANT ASSUMPTION OF RISKS AND RELEASE

I understand that dancing can involve the risk of serious injury. These risks of injury include the possibility of neck and spinal injuries, and other injuries to the body, nerves, joints, ligaments, muscles, etc. I also understand that permitting my child or ward to participate in Hollywood Dance Jamz Convention/Competition is to subject my child to the possibility of injury as outlined above. In consideration of Hollywood Dance Jamz permitting my child to participate in its dance program, I hereby agree to assume all of the risks of injury to my child or ward associated with said program. I agree to RELEASE Hollywood Dance Jamz, its employees, agents, representatives, the Hosting site, and other volunteers from any liability while attending classes or participating in competition. I agree that the terms hereof shall service as an ASSUMPTION OF RISKS and a RELEASE for my heirs, estate, executor, administrator, assigns and for all members of my family, and I further agree that if any part of this ASSUMPTION OF RISKS AND RELEASE is held void, the remainder shall continue in full force and effect. In addition, I give my express consent to Hollywood Dance Jamz, to use/publish my child's photograph/image for advertisements, promotions and/or media releases.

CAUTION

BY SIGNING THIS ASSUMPTION OF RISKS AND RELEASE, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, AND THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS.

Signed this _____ day of _____ (year)

Signature of Parent/Guardian _____

EMERGENCY INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ CELL PHONE: _____

DAYTIME #: _____ EVENING #: _____