

**BroadwayKids&Company School of Performing Arts
2022/23 Season Liability Waiver**

Student Name (Print) _____

Parent/Guardian Name (Print) _____

I/we realize that participation in dance classes, including activities, acting, and voice could involve some kind of personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the student/dancer and parent/guardian) assume all risks related to the use of any and all spaces used by BroadwayKids&Company LLC. I/we agree to release and hold harmless BroadwayKids&Company LLC, including its owners, teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands, now or in the future. I/we will not hold BroadwayKids&Company LLC liable for any personal injury or any personal property damage, which may occur on the premises before, during, or after classes. I understand the risk associated with this activity such as illness, including exposure to Covid-19 and will not hold BroadwayKids&Company, LLC responsible in the event of contagious illness exposure. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by BroadwayKids&Company LLC. I/we agree to allow BroadwayKids&Company LLC to photograph and/or videotape me or my child at any BroadwayKids&Company LLC event for the use of advertising and literature for BroadwayKids&Company LLC. This is included but not limited to: in the studio, performances, competitions, workshops, conventions, and fundraisers. No compensation will be allotted for the use of these photographs or videotapes.

I grant permission to the staff of BroadwayKids&Company LLC to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the studio. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical conditions the staff will need to contact the emergency resource before the child's parent, physician, and or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred.

By signing this form I am also acknowledging that I have read and understand, and agree to abide by, the policies and procedures outlined in the "Our Policies" packet that I received along with this form.

By signing this form I agree to abide by all dress code requirements and I understand that, if my child is not in proper dress code, they may not be able to participate in part or all of class.

Parent/Guardian Signature

Date