

GISOD Liability Release Form and Assumption of Risk

I/we have read the GISOD studio policies, and agree to adhere to its expectations.

I/we realize that participation in dance classes and activities could result in some possible personal injury. Despite precautions being taken by the studio, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by GISOD.

I/we agree to release from responsibility the GISOD studio including all teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold GISOD Studio liable for any personal injury including: scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death or any personal property damage/loss, which may occur on the premises before, during or after classes.

Initial _____ Date _____

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 GISOD

Initial _____ Date _____

I understand that GISOD is a licensed, accredited and insured organization. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to Galen Ireland, owner, the administrator, instructors or staff members as soon as possible.

PHOTOGRPAHY/ VIDEO – I give permission for my son/daughter’s photographs/videos to be used for publicity and advertising in the studio, on the GISOD website, and in the community.

Sign _____ Date _____

Dancer’s Name: _____ (Print)

Dancer’s Signature: _____ (If over 18)

Parent/Guardian Name: _____ (Print)

Age: _____ Date: _____

Phone: _____ Date: _____

Parent/Guardian Signature: _____

(Please read and return to the GISOD at registration or before your first dance class)