



2691 30<sup>th</sup> St Suite C  
Boulder, CO 80301  
P: 303.444.1120  
www.StudioDDance.com  
[info@studioDDance.com](mailto:info@studioDDance.com)

## **Release of Liability**

I, \_\_\_\_\_, am the parent or legal guardian for \_\_\_\_\_ and give permissions for him/her to participate in the field trip activities, including dancing, physical activity, and any other activity or presentation being held at Studio D Academy of Dance on \_\_\_\_\_.

As the parent or legal guardian, I release and hold harmless Studio D Academy of Dance, LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, illness, or injury, including death, that may be sustained by the undersigned, while in or upon the premises or any premises under the control and supervision of Studio D Academy of Dance, LLC, its owners and operators or in route to or from any of said premises. In the event that I file a lawsuit against Studio D Academy of Dance, LLC, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of Colorado 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. Should Studio D Academy of Dance, LLC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I've read the above and agree. \_\_\_\_\_

### **Medical Emergencies**

As the parent or legal guardian, I give permission to Studio D Academy of Dance, LLC, its owners and operators to seek medical treatment for the undersigned in the event they are not able to reach the emergency contact. I hereby declare any physical/mental problems, restrictions, or condition and/or declare to be in good physical and mental health. I request that our doctor/physician be called and that my child be transported to the hospital.

I've read the above and agree. \_\_\_\_\_

### **Insurance**

As the parent or legal guardian, I certify that I have adequate insurance to cover any injury or damage that may be caused or suffered by the participant and/or the undersigned while participating or instructing, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition the participant and/or the undersigned may have.

I've read the above and agree. \_\_\_\_\_

### **Studio Policies**

As the parent or legal guardian, I have read, understand, and agree to all studio policies including instructor policies, on-premise studio policies, attendance and dress code policies, and any other policies set forth by Studio D Academy of Dance, LLC. I understand these policies are subject to change at any time and it is my responsibility to stay informed. I understand that the Studio D Academy of Dance, LLC website is the primary vehicle for Studio D Academy of Dance, LLC information. I understand that Studio D Academy of Dance, LLC reserves the right to make any changes, cancellations, or modifications to any schedule or operation.

I've read the above and agree. \_\_\_\_\_



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**Photography Release**

As the parent or legal guardian, I hereby grant Studio D Academy of Dance its affiliates, licensees, and authorized third party users and to their photographers permission to take photographs of the undersigned. Furthermore I give Studio D Academy of Dance, LLC permission to put the finished photographs to any legitimate uses it may deem proper. I hereby relinquish all right, title and interest I may have in the finished pictures, negatives, digital renderings, reproductions or copies and facsimiles thereof to any responsible individual, business firms or publication or their assignees. Studio D Academy of Dance hereby has the right to use and reuse, publish and re-publish the photograph in whole or in part, individually or in conjunction with printed matter or in composite form, and in any medium now existing or subsequently developed, for editorial, commercial, promotional or trade purposes. I hereby waive my right to inspect or approve any editorial text or advertising copy that is used in connection with the photograph and release and discharge Studio D Academy of Dance, LLC, its affiliates, licensees, authorized third party users, and the Photographer from any and all claims arising out of the use of the photograph for the purposes described above, including any claims for libel and invasion of privacy. I have read the foregoing and fully understand its contents.

I've read the above and agree. \_\_\_\_\_

I have read this entire document, understand and agree with the aforementioned.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Parent name printed

\_\_\_\_\_  
Date