**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENERGIZER RELEASE FORM**

ALL PARENTS OR GUARDIANS OF ANY CHILD (UNDER 18) THAT WISHES TO PARTICIPATE IN ANY DANCE PLACE PROGRAM OR ACTIVITY MUST COMPLETE THE FOLLOWING RELEASE FORM BEFORE THEIR CHILD MAY BEGIN THE PROGRAM OR ACTIVITY.

**CHILD’S NAME:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE / DISCLAIMER**I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY DANCE PLACE EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD DANCE PLACE, ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that Dance Place does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my child’s participation in and the use of the Dance Place facilities, I hereby release and covenant not to sue Dance Place, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by Dance Place.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

**VIDEO & PHOTO RELEASE**

I willfully and knowingly give Dance Place, and its persons permission to video tape and photograph myself and my child during any Dance Place event/class/workshop. I also give permission to Dance Place and any involved secondary party/contractor to use photos and videos as they see fit. I acknowledge that I have carefully read this Release form and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring a legal action to assert a claim against Dance Place (or its affiliates, employees, agents, representatives, successors and assignees) for their negligence.

**EDUCATIONAL DOCUMENTS**

I (parent/guardian name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize

and consent Dance Place to provide information concerning the education of my child, (Name of child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to Dance Place and United Way of the National Capital Area. I further authorize

Dance Place to release educational records of

my child for the current school year to the parties listed above that include the

following information: education transcripts, school/program enrollment

information, universal student ID, attendance data, credit history, grades,

assessment data, IEP information and graduation attainment (12th grade only).

This authorization and release shall remain in effect from August 1, 2020 – July

31, 2021.

By signing below, 1) I acknowledge and understand that I have the opportunity to

review the records to be disclosed and the right to challenge the contents of such

records; and 2) I am at least 18 years of age or I am signing this document on behalf

of my child because he/she is not 18 years of age.

Parents or guardians must sign if applicant is UNDER 18.

**Parent/Guardian Name (print):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_