



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 Juniors, Seniors and Registered Teachers.

Participant Name		Name of Parent/Legal Guardian		
Birthdate	Age	Dance Studio		
Home Address		Event Date		
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 serve 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 LLC, 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 # _____