

Astoria Conservatory
Music Dance Performing Arts

LIABILITY RELEASE/WAIVER FORM (Required for all participants)

All participants and students must have completed this form before participating in any classes or rehearsals at Astoria Conservatory. If a participant is under age 18, a parent or guardian must sign this form.

Waiver of Liability

I, _____, (parent or guardian of: _____) recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release Astoria Conservatory, its owner, directors, employees and dance teachers from all liability for injuries sustained or illnesses contracted by my child or myself while attending or participating in any dance classes, rehearsals, workshops, or performances. I agree to indemnify, defend, and hold harmless Astoria Conservatory, its owner, director, employees and dance teachers for liabilities, costs and judgments arising from acts of omissions committed by me or my child which result in injury or damage to any person or property. Initials: _____

Protection of Property I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any classes, rehearsals, workshops, or performances. I hereby release Astoria Conservatory, its owner, directors, employees and dance teachers from all liability for loss or damage to my personal property while attending or participating in classes, rehearsals, workshops, or performances. I also agree to abide by any rules, regulations and policies set forth by Astoria Conservatory. Initials: _____

Medical Attention In case of physical injury or medical emergency, I hereby authorize Astoria Conservatory of Performing Arts to make necessary arrangements to transport myself or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergencies, or if my child is under 18 years of age, I understand that Astoria Conservatory will attempt to notify the person(s) I have named as my emergency contact(s) of my or my child's condition and how to reach me. Initials: _____

Photo Release Astoria Conservatory reserves the right to use photographs and videos taken during classes, workshops, performances, or other affiliated events for the purposes of instruction, advertising and promoting Astoria Conservatory of Performing Arts and its programs. Students, or parents of students who are minors, who do not wish to comply with this policy must notify Astoria Conservatory prior to participation in class. Initials: _____

Acknowledgement of Waiver In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my or my child's participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me or my child. Initials: _____

Signature of Parent/Guardian (or Adult Participant)

Date

Printed Name of Parent/Guardian (or Adult Participant)
