

RELEASE AND WAIVER OF LIABILITY

I, _____, am the parent/legal guardian of

_____ ("the Dancer") and I represent that I have the legal capacity and authority to enter and execute this Release. On my own behalf, on behalf of the Dancer, and on behalf of his/her heirs, executors, representatives, administrators, and assigns hereby release, waive, and forever discharge the Ashleyliane Dance Company ("Company") its officers and agents and employees from any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that may occur as a result of the Dancer's participation in any program, class, or workshop offered by Ashleyliane Dance Company.

I, and the Dancer, agree to indemnify hold harmless, and defend the Company from injury whether such injury is caused by my negligence, the Dancer's negligence, the negligence of the Company, or the negligence of any third party. This Release and Waiver of Liability (this "Release") shall be construed in accordance with the laws of the State of Missouri.

I, and the Dancer, agree to indemnify, hold harmless and defend the Company from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by the Company and arising out of or in any way related, directly or indirectly, to the Dancer's participation in any program, class, or workshop offered by Ashleyliane Dance Company.

Furthermore, I, and the Dancer, understand that the Company from time to time produces promotional material relating to its programs. I understand that as a participant in any program, class, or workshop offered by Ashleyliane Dance Company, the Dancer may be included in videotapes or photography taken during the audition process and thereafter. Therefore, without reservation or limitations, I hereby assign, transfer, and grant to the Company, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape the Dancer and to utilize such videotapes and photographs and the Dancer's name, likeness, voice, and appearance as a part of any program, class, or workshop offered by Ashleyliane Dance Company, in advertising and promoting the Company or in advertising and promoting the Company or in advertising and promoting similar future events. Moreover, the Company from time to time may disclose participants' information.

STUDIO INFORMATION AND POLICIES

By signing this Release, I state that I have read and understand the conditions set forth in this Release and I agree to all the conditions set forth herein. I have also read all studio information and policies within this packet I fully understand and agree to abide by these policies.

Dancer's Name (Printed) _____

Dancer's Signature _____

Parent's/Guardian's Name (printed) _____

Parent's/Guardian's Signature _____

Date _____

Dancer cannot participate in UNBOUND until it is submitted.



P.O. Box 56520 St. Louis, MO 63156
314.346.3187
Ashley L. Tate, Owner

FOR OFFICE USE ONLY
Date Received
Received by

Patient's Name (please print)

Your patient is interested in a dancer position with the Ashleyliane Dance Company. Kindly confirm whether you approve of his/her participation in this Company and/or whether you recommend any limitations in this activity.

Physician's Medical Release Form 2021-2022
To be filled out and signed by a Medical Doctor

I understand that the above-named patient plans to participate in a rigorous program of dance training/performances with the Ashleyliane Dance Company. It has been made clear to me that the training involved will require sustained, repetitive, vigorous physical activity, sometimes performed on a hard or lightly padded surface without protective footwear (i.e. athletic shoes), and that participants will engage in a broad range of quick movements, bending, twisting, running, leaping and lifting—which collectively place extreme demands on the human body, including stress of joints and ligaments, repetitive impact, and occasional slips, falls and collisions with other participants and objects.

Having conducted a medical examination of the patient on (date),

I certify that he/she is physically capable of fully participating in such a dance training program and may participate in this dance program without restrictions/ limitations.

I certify that he/she may participate in such a dance program with the following restrictions/limitations:

Three horizontal lines for listing restrictions/limitations.

Doctor's Notes:

Three horizontal lines for doctor's notes.

Name of M.D. (please print):

Signature:

Address:

Telephone #: ()

Date:

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Ashleyliane Dance Company (“ADC”) has put in place preventative measures to reduce the spread of COVID-19; however, ADC **cannot guarantee** that you and/or your child(ren) will not become infected with COVID-19. Further, **attending ADC could increase** your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending ADC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at ADC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ADC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the ADC or participation in ADC programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless ADC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ADC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any ADC program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant(s)