

Dance Force Studios LLC

Waiver and Consent

I, the undersigned, hereby confirm that I am the custodial parent or legal guardian of the minor children identified below (hereinafter the "Participants"). I hereby consent to the Participants being present at the facilities of Dance Force Studios, LLC (hereinafter "Dance Force") and taking part in any and all activities offered by Dance Force.

I acknowledge that, even though all activities offered by Dance Force are supervised by employees of Dance Force, the activities offered, including but not limited to dance activities, involve inherent risk of injury. I hereby waive, both for myself and the Participant, any claim of any kind or nature that either I or the Participant may have acquire against Dance Force LLC or its employees or agents arising out of or in any way related to the Participants' presence at the Dance Force facility or performance by the Participants of activities offered by Dance Force or any injuries incurred due to the Participants' presence at the Dance Force facility or performance bt the Participants of the activities offered by Dance Force or any injuries incurring due to the participants' presence at the Dance Force facility or arising out of the performance of those activities so long as such claim is not a result of gross negligence or willful misconduct on the part of Dance Force LLC or its employees and or agents.

Signature	Name (Please Print)
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Address: _____

Phone: _____ Cell: _____

Email: _____ Please print clearly

Participants Names: (Please Print) _____

Office Use Only

Fall Session: Cash _____ Check # _____ Credit Card Visa/MC/AMEX

Total Paid: _____

Spring Session: Cash _____ Check # _____ Credit Card Visa/MC/AMEX

Total: _____

Recital Fee: Yes _____ No _____ Total: _____

Summer: Session : Cash _____ Check # _____ Credit Card Visa/MC/AMEX

Total: _____