



LIABILITY RELEASE FORM

I, the undersigned parent or Guardian hereby grant permission for my child _____ to participate in classes or activities held by Storeybook dance in the event of an illness or injury; I hereby authorize the instructors to take the necessary course of action. I further acknowledge, understand and agree that in participating in the activities, there is a possibility that my child could sustain personal injury in connection with his/her participation. I also understand that my daughter/son is assuming risk of injury by his/her participation. I hereby hold harmless Storeybook dance from all claims of personal illness and injury that my daughter/son may have sustained with Storeybook dance. I further acknowledge and understand that I will be solely responsible for any and all medical bills that may be incurred for my daughter/son as a result of physical injury she/he may sustain while participating with Storeybook dance.

Signature _____ Date _____