

 **“ Be An Aspiring Young Artist ”**

**ARTISTRY PERFORMING ARTS CENTER**

\*Please print, read, and sign then return on first day of class. \*

**Activity Waiver & Release Agreement**

While dancing is a fun and enjoyable recreational/ training activity, I understand that there are inherent risks in dancing, stretching and related physical activity, including the risk of physical injury. I further understand that these risks may result from my child’s participation with Artistry Performing Arts Center (APAC) and I voluntarily assume the risks associated with such participation.

I am fully aware of these risks, and in consideration of my child’s participation in APAC activities, I, on behalf of myself, my heirs, assigns, executor, administrator and representatives, hereby release and hold harmless APAC and its employees, instructors and agents, from any and all liability, loss, damage, costs, claims and/or causes of action arising out of or relating to my child’s participation in the activities.

I certify that(i) I am the parent or legal guardian of the child named below, (ii) there are no health-related reasons or problems which preclude my child’s participation in the activities, and (iii) I have not been advised by a qualified medical professional that my child should not participate in the activities.

I understand that APAC is working hard to establish policies and practices designed to reduce the risk of exposure/contracting COVID-19, however, APACA is not able to guarantee that students or others who visit APAC will not be exposed to, or contract COVID-19, whether in connection with the activities or otherwise. Visiting or participating in activities at APAC is voluntary, and I understand I assume the risks associated with the same.

This agreement is governed by the laws of New York and shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable.

**I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, I FULLY UNDERSTAND ITS TERMS, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

I understand that all dancers and theater students ages 3 & older are required to wear face masks/coverings (unless changes are made by the Director) while participating in dance class, theater workshop and any other activities associated with APAC. I also understand that **mask breaks** will be provided during class time.

Name of Parent or Legal Guardian (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of APAC student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies or concerns that may affect your child’s participation in the APAC activities and that will help us better understand how to make the dance class experience an enjoyable one for your child:

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