

Dolya School of Ukrainian Dance

LIABILITY WAIVER FORM

dolyaschoolofdance@gmail.com

Parents/guardians of any child (under 18 years of age) that wish their children to participate in any Dolya School of Ukrainian Dance program or activity must complete the following release form.

All participants and instructors 18 and over must also complete this form. A copy of this form will be kept for future reference.

**I have enrolled the following members in the Dolya School of Ukrainian Dance:**

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release/Disclaimer**

I realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I (the dancer and or dancer’s parent/guardian), assume all risks to the use of any and all spaces used by the Dolya School of Ukrainian Dance.

I agree to release and hold harmless Dolya School of Ukrainian dance including its Board and Advisory members, officers and directors, members, instructors, and facilities used by the Dolya School of Ukrainian Dance, from any cause of action, claims, or demands now and in the future. I will not hold Dolya School of Ukrainian dance liable for any personal injury or any personal property damage, which may occur on the premises or at any offsite location, before, during or after classes and/or performances/events. Furthermore, I agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we caused to the facilities utilized by the Dolya School of Ukrainian Dance.

I understand that the Dolya School of Ukrainian Dance is a non-profit organization, incorporated and insured (through the Rainbow School Board). In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Director, a Board member, or an instructor as soon as possible.

Dancer’s Signature (if over 18) or parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.

 (day) (month) (year)