



PARTICIPATION RELEASE FORM PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of my being permitted to participate in programs offered by Rhonda McCulloch Danceology, I agree to the following waiver and release. I also agree to follow the posted guidelines and staff instructions. I acknowledge the inherent risks that may be associated with dance and acrobatic activities. I also agree to be involved in photos that may be used in advertising and promotional events set forth by the studio. I agree to allow Rhonda McCulloch Danceology to send email notifications to me concerning the dance season and any pertinent information they feel necessary during my enrollment.

By my signature below, I warrant Rhonda McCulloch Danceology and its staff that my child or I is physically fit and know of no medical or health condition other than what I have indicated below. I also understand and agree that there may be inherent risks that are associated with physical injury and accidents. I understand that this activity may require special conditioning, specialized skills and equipment.

I hold Rhonda McCulloch Danceology, its officers, employers and agents harmless from all liability, actions cause off actions, claims and demands of every kind whatsoever which may rise from or in connection with my use of equipment and facilities, whether or not such use was recommended or supervised by Rhonda McCulloch Danceology Staff. I agree to abide by all facility rules.

My signature will also serve as a release and assumption of risk for any member of my family including those under the age of 18 who accompany me.

Student Name: (Please Print) _____ Date: _____

Parent/Guardian Name: (Please Print) _____ Signature: _____

Accepted by: _____ Date: _____