



Child Liability Waiver and Release Photo Release

I, _____, have chosen to have my child(ren), _____, participate in instruction given by LaBelle Performing Arts ("LPA"). I acknowledge that I understand the nature of the activities my child will be participating in and that my child is in the proper physical condition and capable of participating in the related activities, understanding that LPA is not in any way responsible for making such a determination.

In consideration of my child(ren)'s enrollment in LPA's programs, I understand and agree on behalf of myself and my child(ren), to release, hold harmless, and discharge LPA for all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs for any occurrences in connection with any instruction. I assume all risks to my child(ren) in connection with any instruction, and further release LPA and its owners and employees from liability for any injury sustained by my child(ren) while he or she is enrolled in any instruction program, including all risks reasonably connected with such activity, whether foreseen or unforeseen.

I understand that LPA is not responsible for my child(ren) or other children under my supervision who are left unsupervised in the common areas and areas surrounding the studio and that LPA will only be supervising my child(ren) when he or she is participating in scheduled activities, programs or instruction.

I understand that LPA is not responsible for personal property that is lost, damaged or stolen while I or my child(ren) are at LPA or on LPA property.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage which provides adequate coverage for me and my child(ren) participating in LPA activities and that LPA does not provide accident and health insurance for those participating in its instruction, activities or programs.

I authorize and agree that LPA may take and use photographs, videos or likenesses of me or my child(ren) as needed for its record-keeping, advertising and public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS RELEASE.

Parent/Guardian's Name

Date

Parent/Guardian's Signature

LPA SUMMER REGISTRATION 2017

STUDENT'S NAME _____

HOME PHONE _____ PRIMARY CELL _____

CONTACT EMAIL ADDRESS _____

ADDRESS _____ CITY _____ ZIP _____

AGE _____ DOB _____ GRADE LEVEL _____ YEARS OF DANCE _____

PARENT/GUARDIAN _____ CELL _____

PARENT/GUARDIAN _____ CELL _____

EMERGENCY CONTACT(S)/PHONE(S) _____

HEALTH CONCERNS _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CLASS/DAY

PLEASE SPECIFY WHICH WEEK(S) YOU ARE TAKING
