

**NORTH COAST DANCE**  
P.O. Box 680, Eureka, CA 95501 (707) 442-7779

**Agreement and Release from Liability by Dance Participant: Minor**

Student Name: \_\_\_\_\_

**Voluntary Participation**

I, \_\_\_\_\_ (parent or guardian of dance participant under the age of 18 years), acknowledge that I have voluntarily allowed my child, \_\_\_\_\_ to engage in dance and dance-related activities at the premises of the North Coast Dance Studio located at 426 F Street, Eureka, California.

**Assumption of Risk**

I AM AWARE THAT DANCE AND DANCE-RELATED ACTIVITIES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, FROM ANY CAUSE OR SOURCE WHATSOEVER AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_

**Release**

As consideration for my minor child to be permitted by North Coast Dance or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I will not make a claim against, sue, or attach the property of North Coast Dance or any of its affiliated organizations (or the supplier of any of the equipment used in these activities) for injury or damage resulting from negligence or other acts, howsoever caused, by any employee, agent, director, officer, or contractor of North Coast Dance or any of its affiliated organizations as a result of my child's participation in dance and dance-related activities.

I hereby agree to hold harmless North Coast Dance and its agents from any and all claims arising out of my child's participation in any activities whatsoever. I waive any potential claims against North Coast Dance, its contractors, employees, and agents.

**Authorization**

I, \_\_\_\_\_, am a parent or legal guardian of \_\_\_\_\_, a minor child under the age of 18 years of age, who was born on \_\_\_\_\_.

I hereby authorize North Coast Dance to contact the following person in case of emergency:

Emergency Contact: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_

**Dance Participant Contact Information:**

Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian of Dance Participant under the age of 18*

\_\_\_\_\_  
*Date*

**Knowing and Voluntary Execution**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND IS A CONTRACT BETWEEN MYSELF AND NORTH COAST DANCE AND/OR ITS AFFILIATED ORGANIZATIONS AND SIGN OF MY OWN FREE WILL.

Executed at \_\_\_\_\_ in \_\_\_\_\_, California on \_\_\_\_\_  
*Location City Date*

**Signature required below:**

\_\_\_\_\_  
*Signature of Parent/Guardian of Dance Participant under the age of 18 Date*

**Declaration of Witness:**

I certify that \_\_\_\_\_ (dance participant) acknowledged in my presence that he/she has read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

\_\_\_\_\_  
*Signature of Witness Date*

**This form must be signed and received by instructor prior to attending any dance lessons at North Coast Dance.  
Thank you!**