

north coast dance

Name of Child: _____

Agreement and Release from Liability
By Parent or Legal Representative

Voluntary Participation

I, _____ (name of parent or legal representative),
acknowledge that my daughter, son and/or child for whom I have legal custody has
voluntarily applied 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 A
HAZARDOUS ACTIVITY. MY SON, DAUGHTER, AND/OR CHILD FOR WHOM I
HAVE LEGAL CUSTODY IS VOLUNTARILY PARTICIPATING IN THESE
ACTIVITIES WITH KNOWLEDGE, BOTH HIS/HERS AND MINE, 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 daughter, son or child for whom I have legal custody being
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, my child, my assignees,
heirs, distributees, guardians, and legal representatives 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 the 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 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, and my child,
waive any potential claims against North Coast Dance its contractors, employees and
agents.

AUTHORIZATION

I, _____, am a parent having legal custody of _____, who was born on _____.

I hereby authorize the North Coast Dance, into whose care the minor has been entrusted, to consent to emergency medical and/or dental treatment for _____ (minor's name) under Section 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any medical and/or dental treatment to be rendered to or for _____ (minor's name) under the general or special supervision of a qualified physician, surgeon or dentist.

[Optional]

I further authorize North Coast Dance to receive physical custody of _____ (minor's name) under Section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of _____ (minor's name) to North Coast Dance.

Signed: _____ Date: _____

Contact Information

** Please no abbreviations (with the exception for state)! Please list everything in full.*

Address, City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

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 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

All parents and/or legal representatives are to sign:

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Signature of minor, dance participant

Declaration of Witness

I certify that _____ (parent and/or legal representative) acknowledged in my presence that he / she had read and fully understood the meaning and consequences of the foregoing release, and signed it in my presence.

Witness Signature

Photo Release for Children Under 18 Years of Age

I understand that North Coast Dance may photograph or videotape my dependent in classroom settings and/or during performances or rehearsals. Further, I understand that North Coast Dance may wish to use photographs or video of my dependent for publicity purposes.

I hereby grant to North Coast Dance the right to use photographs of my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing.

Name of child:

Signature of
Parent or Guardian:

Print Name of
Parent or Guardian:

Address:

Date: _____

I do not wish for North Coast Dance to use photographs or video of my child for publicity purposes.