Hold Harmless Agreement for Ms. Bonnie’s School of Dance

I acknowledge that the activities undertaken in camps, classes, private lessons, rehearsals, recitals, or any other activity provided by Ms. Bonnie’s School of Dance can have a risk of injury. I recognize that my participation in any and all activities is voluntary and therefore assume all responsibility and risk associated with my participation in these activities. I realize the importance of listening to and following the rules and regulations set forth by Ms. Bonnie’s School of Dance. I too realize that it is particularly important that all activities are taken seriously. Heretofore, I fully understand the risk and will assume all responsibility of any incident or injury and will bring no legal action against Ms. Bonnie’s School of Dance, Bonnie Medlin, or any other staff, assistants, or associates.

Student Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Signature: (If 18 years of Age or Older)
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_