



Dance Academy of Stuart

CONSENT TO MEDICAL TREATMENT

In an emergency, when parental permission is not available, I hereby give my permission for a staff member of The Dance Academy of Stuart to consent to medical treatment for our child and/or ward.

Printed name of Child or Ward

Level

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian

Date

LIABILITY WAIVER

I am aware that dance and the nature of the training and performing associated with The Dance Academy of Stuart place stress on the body and carry with them the risk of physical injury. On behalf of my child and myself, I assume the risk and agree/understand that The Dance Academy of Stuart, and the staff of this institution shall not be liable in any way for injuries sustained during attendance in classes, rehearsals, performances, or any related functions.

It is also understood that dance instruction involves kinetic corrections that may involve physically touching a student as part of regular class work and rehearsals. Parents or students with any concerns should consult with their instructors prior to class(es).

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian

DAS Student Parent Photograph, Video, Social Media Release Form

I hereby irrevocably consent to and authorize the reproduction, publication, and/or any other use by The Dance Academy of Stuart and grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio- or videotape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed on social media and I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of my image or recording. I also understand that this material may be used for any lawful purpose, including illustration, promotion, advertising, web content, and television.

By signing this release, I understand that this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public setting.

There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of my classes, rehearsals, or performances for the three locations of The Dance Academy of Stuart.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Child's Full Name _____

Street Address/P.O. Box _____

City _____ Postal Code/Zip Code _____

Phone _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____