LIABILITY WAIVER FORM
EVOLUTION DANCE COLLECTIVE LLC

I/we realize that participation in dance trainings and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Evolution Dance Collective LLC and all training staff.

I/we agree to release and hold harmless Evolution Dance Collective LLC, including its teachers, dancers, staff members, and facilities used by Evolution Dance Collective LLC from any cause of action, claims, or demands now and in the future. I/we will not hold Evolution Dance Collective LLC or training staff for any personal injury or any personal property damage, which may occur on the premises before, during, or after training. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause the facilities utilized by Evolution Dance Collective LLC.

In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to Evolution Dance Collective LLC and it's instructors as soon as possible.

Dancer's
Name:_____Age:_____

Dancer's
Signature:_____Date:_____
(If unable to sign, parent/Guardian Sign only)

Parent Guardian
Name:_____Phone:_____

Parent Guardian Signature:
_____Date:_____
(If applicable)

PHOTO AND VIDEO RELEASE

EVOLUTION DANCE COLLECTIVE LLC

I grant Evolution Dance Collective LLC permission to use any photo or video taken of me at this event for company use, including but not limited to publicity, copyright purposes, illustration, advertising, social media and web content. Furthermore, I understand that NO royalty, fee or other compensation shall become payable to me by reason of such use.

Dancer's
Name:_____Age:_____

Dancer's
Signature:_____Date:_____
(If unable to sign, parent/Guardian Sign only)

Parent Guardian
Name:_____Phone:_____

Parent Guardian Signature:
_____Date:_____
(If applicable)