



1037 Seashore Rd ~ Cold Spring, NJ 08204 ~ 609-884-2600 ~ 609-861-5991

MEMBERSHIP MEDICAL RELEASE AND LIABILITY FORM

- 1) I/we acknowledge and understand that participation in dance classes and activities could involve possible personal injury. 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 Joanne Reagan Dance Studios. This includes mats for acrobatic arts.
- 2) I/we agree to release and hold harmless Joanne Reagan Dance Studios including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims or demands now and in the future.
- 3) I/we will not hold Joanne Reagan Dance Studios liable for any personal injury or personal property damage which may occur on the premises before, during or after class.
- 4) I/we hereby waive any liability or indemnity in relation to our participation and Joanne Reagan Dance Studios with the **CORONAVIRUS/COVID-19** or any illness thereof.
- 5) In the event the participant requires medical attention as a result of participation at Joanne Reagan Dance Studios I/we hereby give consent to authorize medical personnel to provide medical care as deemed necessary.
- 6) Furthermore it is by my consent and choice that my child(ren) participate and/or continue membership at Joanne Reagan Dance Studios.

Student(s) Name: _____ Student(s) Age: _____

Student Signature: _____ Date: _____
(If 10 years age or older)

Parent Name: _____ Phone Number: _____

Parent Signature: _____ Date: _____

