



16 Centennial Ave, 2nd Floor

Hanover, PA 17331

(717) 634-5445

Artistic Director: Lisamarie Marks

STUDENT INDEMNITY FORM

Student's Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Grade: _____ Age: _____ Birthdate: _____

Has the student been seen by a physician or other health care provider for any acute or chronic physical or mental condition within the past year? Yes No If yes, please explain below:

If the student is currently taking any medication (prescribed or otherwise) for any physical or mental condition, Please explain:

As a member of The Dance Academy, I agree to abide by the existing laws, rules, regulations, and code of conduct of The Dance Academy, and as hereafter changed, modified, or adapted. I further promise that the above answers are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Witness: _____ Date: _____

RELEASE INDEMNITY

Intending to be legally bound, and as a condition of membership in The Dance Academy (hereafter referred to as SCHOOL), do hereby release said SCHOOL, the members, instructors and representatives thereof, and owners and representatives of property or properties used for SCHOOL activities, from all claims, liabilities, obligations, cause of actions or demand that I or my administrators, executors, heirs or assigns may at any and all times hereafter have or obtain, due to or as a result of any personal injury or bodily harm sustained or suffered by me or my child during, arising out of or as the result of any SCHOOL activity, physical or athletic activity, or physical instruction conducted or carried on by or for said SCHOOL, either by itself or with others, in or occurring while on any premises or property occupied or used by said SCHOOL. I further, intending to be legally bound hereby and as a condition of my membership do agree to indemnify and save harmless said SCHOOL, its members, instructors, and representatives, and owners and representatives of property or properties used for SCHOOL activities, from any act committed or omitted during or arising out of any activity or exercise carried on or participated in by said SCHOOL, by itself or with others, or occurring on any premises or property occupied or used by said SCHOOL. I further release said SCHOOL, members, instructors, and representatives, and owners and representatives of property or properties used for SCHOOL activities, from any claims of liability for any property valuable lost, mislaid, or stolen.

I sign this fully realizing that my participation or engagement in the activities of said SCHOOL may subject my child to personal injury or bodily harm. I understand that Dance is a physical activity and injuries may occur. I further have read the foregoing and fully understand the contents of their release indemnity.

The undersigned, the parents or legal guardians of _____, have read the foregoing, understand the same and do hereby accept and agree to the terms, conditions and provisions of the foregoing Release Indemnity on behalf of ourselves and said minor, intending to be legally bound hereby.

Signature: _____
Date: _____

Witness: _____