

## Liability Waiver and Photo Release

Student's Name:

Birthdate:

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Address:

City, State:

Zip Code:

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Phone number:

Email:

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Any allergies or special needs (circle one)? Yes No If yes, please explain:

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In case of an emergency, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us?

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**\*\*Signature Required on Page 2 Prior to Attending Classes\*\***

Hunter Dance Center, LLC and anyone else involved in the operations of the studio's premises, including but not limited to, instructors, visiting faculty and staff are hereinafter referred to as "HDC".

**In Good Health:**

I certify that the registered student is in good health and capable of participating in classes. I hereby release Hunter Dance Center (HDC), its agents and employees, from all liability for personal injury, illness or property loss or damage.

**Photo Release:**

I agree to allow HDC to take photographs of the registered student and the registered student's class for archival purposes and studio promotional use (names will be withheld).

We are requesting that each of our students, please...

- Self-check their temperatures and refrain from entering the studio with fever of any kind.
- Use the hand sanitizer before entering and while exiting the studio.
- Carry their own bottle of drinking water and refrain from eating on premises except in designated, isolated eating areas.

*This application must be signed for admission. I certify that the above student is in good health and capable of participating in classes. I hereby release Hunter Dance Center (HDC), its agents and employees, from all liability for personal injury, illness, or property damage. I agree to allow HDC to take photographs of my child or my child's class for archival purposes and studio promotional use (names will be withheld).*

**Student Name (Printed)**

*\*If student is under 18, please also print parent/guardian name\**

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**Signature:**

**Date:**

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