

Grace Christian Dance Company, 2019-2020

GCDC WAIVER - READ COMPLETELY BEFORE SIGNING.

I am aware that participating in any dance classes and acrobatic dance/tumbling (acro-dance) involves inherent risks and hazards. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, property damage, or loss resulting from such risks and hazards.

I voluntarily agree to release Grace Christian Dance Company, LLC, Grace Christian Dance Company, LLC's employees/volunteers/contractors and Danielle Black from any and all liability for any loss, damage, injury or expense that I or my next of kin, successors or dependents may suffer or incur as a result of participation in classes, demonstrations and performances due to any cause whatsoever.

As the Parent or Guardian of:

if I cannot be contacted, I authorize Grace Christian Dance Company, LLC to seek medical services in case of serious injury or illness. I further agree to accept financial responsibility in excess of the benefits allowed by my health plan.

I understand that Grace Christian Dance Company, LLC, Danielle Black, Grace Christian Dance Company, LLC employees, volunteers and/or contractors will not assume responsibility for any lost or stolen property, or for any bodily or personal injury consisting of or arising out of any participation in any physical training, classes, demonstrations, performances or athletic activity.

I also hereby grant Grace Christian Dance Company, LLC permission to use my/my child's likeness in photographs. These images may appear on gracechristiandance.com, Facebook, Instagram or any promotional materials used in association with Grace Christian Dance Company, LLC. The students' names will not be printed. I understand and agree that these images will become the property of Grace Christian Dance Company, LLC and I hereby irrevocable give permission for Grace Christian Dance Company, LLC to edit, copy, exhibit, publish or distribute these images for any lawful and moral purpose.

Dated in the City of _____, in the State of _____ the
_____ day of _____, 20_____

Signature of Parent/Guardian of Participant:

Family's Last Name _____

Parent/Guardian Names _____

Address: _____

Preferred Phone # _____ Email: _____

Emergency Contact _____ Phone # _____