

**THE MOVEMENT BOX DANCE STUDIO, LLC
LIABILITY RELEASE**

I understand that dance is physically demanding and that injuries do occur. I understand that the potential dangers include but are not limited to temporary or permanent bodily injury and any associated impairments or limitations on the ability to participate in dance or other activities in the future.

I acknowledge that The Movement Box Studio, LLC has made prudent efforts to inquire about my ability (or the ability of the minor named below) to safely participate in activities sponsored by The Movement Box Studio, LLC. I warrant that I have informed The Movement Box Studio, LLC of any concerns that may impact my ability (or the ability of the minor named below) to safely participate in activities sponsored by The Movement Box Dance Studio, LLC. I understand that I am under a continuing obligation to inform The Movement Box Dance Studio, LLC if any additional concerns arise regarding my ability (or the ability of the minor named below) to safely participate in activities sponsored by The Movement Box Dance Studio, LLC, and that The Movement Box Dance Studio, LLC is under no obligation to make additional inquiries regarding this matter.

I hereby voluntarily agree (on my own behalf if I am 18 years of age or older or on the behalf of the minor named below) to defend, indemnify, release and otherwise hold The Movement Box Studio, LLC harmless from and against any and all losses, claims, damages, liabilities, obligations, suits, actions, proceedings, costs, disbursements, and expenses (including, without limitation, attorneys' fees) of any kind or nature whatsoever, including tort, personal injury, and medical, by whomever asserted, which arise from my participation (or the participation of the minor named below) in activities sponsored by The Movement Box Studio, LLC.

I certify that I am 18 years of age or older and am competent to contract in my own name, or that I am the parent or legal guardian of the minor named below.

Name of Minor (if applicable) _____

Name of Adult Participant / Parent / Legal Guardian _____

Signature of Adult Participant / Parent / Legal Guardian _____

Date _____