

WAIVER

I, _____, exempt and release Kinetics Dance Theatre, Inc., its Board, Staff, and Independent Contractors from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any loss or injury to the Student or the Student's property while upon the premises of Kinetics Dance Theatre, Inc., or while engaged in travel to or from Kinetics Dance Theatre, or while engaged in any Kinetics Dance Theatre, Inc. events on off-site premises.

STUDENT/PARENT CONSENT AND RESPONSIBILITIES

- Kinetics Dance Theatre will not be responsible for administering medications to the students.

- I/My child has permission to be photographed, interviewed or videotaped while attending Kinetics Dance Theatre for possible use in marketing.
Yes _____ No _____
- I approve of my/my child's participation in Kinetics dance classes and understand that they must follow appropriate student behavior in order to participate. I understand that appropriate dress is required for all dance classes including footwear and all long hair must be pulled back away from the face. I also understand that Kinetics Dance Theatre is not responsible for any personal belongings left in the studio.

- I certify that the above information is true and correct to the best of my knowledge.

Signature (parent/guardian if under 18): _____ Date: _____