



Release Form 2022-23

I hereby acknowledge full responsibility for all risks of physical injury arising out of active participation in a dance class. I release Sheffield School of the Dance, its instructors, staff and all associates from liability.

I give full permission for Sheffield School of the Dance to use photos and/or video of my student for advertising and promotional purposes on the studio website and social media platforms (including but not limited to Facebook and Instagram).

At Sheffield School of the Dance, we are continuing daily disinfecting and cleaning of our facilities. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my student may be exposed to or infected by COVID-19 and any other contagious illness by attending and participating.

I release Sheffield School of the Dance, its instructors, staff and all associates from liability if I and/or my student contracts COVID-19 and other contagious viruses/infections despite our best efforts to prevent it. Additionally, I agree to notify Sheffield School of the Dance if my student and/or any member of our household contracts COVID-19 or has been exposed to a positive case of COVID-19.

By selecting "I agree", you are signing on your own accord and behalf of your student. You agree to waive any claims of liability against Sheffield School of the Dance. I understand all terms and conditions pertaining to studio policies and health/safety guidelines.

****No student or parent/guardian will be permitted in to the Sheffield School of the Dance studio without a signed Release Form on file.*

Student Name : _____

Parent/Guardian Name : _____

Phone Number : _____

Email Address : _____

I **AGREE** to all terms listed in the above waiver.

I **DISAGREE** to all terms listed in the above waiver.

SIGNATURE : _____

Date: _____