

# ACE Waiver Form

How did you hear about us?  Mailing  Website  Word of Mouth  Parade  Other: \_\_\_\_\_

**Adult Contact** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Student** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (mm/dd/yy) Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

### Release of Liability and Assumption of Risk

I, the undersigned and/or being the legal and acting guardian representing a minor participant, hereby release, waive and discharge Ace Dance Academy, Inc., its directors, officers, employees, agents, independent contractors and volunteers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Ace Dance Academy. I understand that dance activities as conducted and taught at Ace Dance Academy have inherent risks of injury. I recognize that the participant is exposing himself/herself to such risks when undertaking dance activities. I acknowledge the risk of injuries resulting from personal contact with others, including exposure to COVID-19. I acknowledge these and any other risks within Ace's facility or in a virtual class. I, the undersigned and/or being the legal and acting guardian representing a minor participant assume and accept all risks of injury or damages resulting from such dance activities.

### Live Stream Policy Agreement

I consent to the video/audio streaming surveillance of myself and my child, and will abide by Spot TV privacy policies. I agree not to violate Spot TV's copyright protections and will not copy or capture in video or still photos from the streaming service.

**I have read and understand all of the above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_