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## WAIVER

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### **Adult/Student Release and Hold Harmless Agreement**

As an individual participant or a parent of a student at Arts In Motion Dance Academy ("AIM"), I realize and acknowledge that participation in dancing is potentially dangerous and involves risk of injury. I understand that these risks include, but are not limited to injury to ligaments, muscles, tendons, bones, and other aspects of the body that may include head, neck, or spine. Due to the dangers of this activity, I understand the importance of my child's following the teacher's instructions regarding techniques, training, and other rules and agree that my child will obey these instructions. In consideration for allowing my child to participate in AIM's activities, I hereby assume all the risks associated with the sport of dance, and I agree to release AIM and its employees or agents from any and all liability/responsibility which may arise in connection with my child's participation in activities at AIM even in cases of negligence.

I have read and fully understand the above program details and Waiver and Release of All Claims. Before registration in this program is valid, the participant must sign the Waiver and Release of All Claims. Where the participant is less than 18 years of age, the Waiver and Release of All Claims must be read and signed by the participant, parent or legal guardian.

### **Dance as a Contact Sport**

Dance is the sport of the arts. Like any other sport it requires physical contact. Teaching dance is a hands-on profession when developing a student's technique and comprehension of the art. There are times when a teacher needs to correct a student's arm, isolate the rib cage, adjust their hip and leg alignment and stretch their feet for that perfect pointe. In preparation for recital, the teachers will measure all students for costumes. AIM is a professional, educational facility. We care deeply for our students and always keep their best interests at heart.

### **Medical Release**

I (we) the undersigned parent(s) or legal guardian(s) of the below stated minor do hereby authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of emergency.

### **Photo Consent**

I hereby grant AIM permission to use my/my child's likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of AIM and will not be returned. I hereby irrevocably authorize AIM to edit, exhibit, publish, or distribute this photo for purposes of publicizing AIM's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge AIM from all claims, demands, and causes, of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

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

Student(s) Name(s): (Print) \_\_\_\_\_

Allergies/Special Health Concerns: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phys. Phone Number: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Health Ins Co Phone Number: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Responsible Party Name (Student if over 18): (Print) \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_