

Shely Pack Dancers-Bring a Friend

Student: _____

Parent/Legal Guardian: _____

Address: _____

Phone: _____

Email Address: _____

Parent/Student responsibilities: (please initial)

_____ Read and sign this advisor agreement

_____ Participate in a Dance Class

ASSUMPTION OF RISK OF INJURY AND WAIVER OF CLAIMS REGARDING INJURIES AND OTHER CLAIMS REGARDING THE FACILITY: I assume all risks of injury and waive all rights to pursue money damages or any other relief of any kind as a result of anything occurring at or near the studio or any other SHELY PACK DANCERS location. In the event I am injured while on studio property or during a SHELY PACK DANCERS sponsored event, I will hold harmless the studio, SHELY PACK DANCERS and all of their owners, employees, agents, successors and assigns from all claims of any sort for damages or for other relief, including but not limited to claims for contribution.

I acknowledge there is possible danger connected with any physical activity (including the dangers of physical injury and death) and knowingly and voluntarily waive my right to make a legal or equitable claim of any sort against the studio or SHELY PACK DANCERS and all of their owners, employees, agents, successors and assigns from all claims of any sort for damages or for other relief, including but not limited to claims for contribution. This assumption of risk and waiver of liability applies to my family members, successors, heirs and assigns.

Client Signature _____ Date _____

(If under 18 years of age – Parent and/or Legal Guardian)

Shely Pack Dancers

_____ Date _____

By: Shely Pack-Manning, Director