



# Release Form 2024-2025

I hereby acknowledge full responsibility for all risks of physical injury arising out of active participation in a dance and/or acrobatic classes. 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, Instagram and Youtube*).

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 other viruses/infections and voluntarily assume the risk that I and/or my student may be exposed to or infected by attending and participating.

I release Sheffield School of the Dance, its instructors, staff and all associates from liability of COVID-19 contractions or 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 has been exposed to and/or tests positive to COVID-19 or other illnesses.

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.

***\*Please note, students will not actively be allowed to participate in class(s) at Sheffield School of the Dance 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:** \_\_\_\_\_