

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

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Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact:** (when parent or guardian is unavailable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Please List Any Medical Issues (including allergies): \_\_\_\_\_

Hospital Insurance (circle one): Yes No

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PHOTO & VIDEO WAIVER**

I give Petit Allegro LLC & Christina Kilpatrick permission to use mine or my child's images on print, online and/or video for marketing and promotional purposes. By leaving this box unsigned, I understand that my child/ren may not be represented in class or group photos. (To protect your privacy, names and personal information will never be used).

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

**WAIVER AND RELEASE OF LIABILITY**

In consideration for being a registered family of **Petit Allegro LLC** and participating in the studio dance classes, we being 21 years of age or older, do for ourselves and for and on behalf of our child-participant hereby release, forever discharge and agree to hold harmless **Petit Allegro LLC** and it's officers, directors, members, employees, contractors, landlords, and volunteers from any and all liability, claims or demands for personal injury, sickness or death, as well as loss of property and/or property damage and expenses, of any nature whatsoever which may be incurred by the the child-participant that while said child is participating in the above described activity including studio dance classes, summer dance camp and holiday or extra curricular studio events.

Furthermore, we for ourselves and on behalf of our child-participant if under age 21 years hereby assume all risk of personal injury, sickness, death and damage and expense as a result of participation in recreation and activities involved. Further, we herby agree to indemnify said organization, officers, directors, members, employees, contractors, landlords, and volunteers for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We are the parents or legal guardians of this participant hereby grant our permission for him/her to participate full in said activity and give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume responsibility of all medical bills, if any.

*The use of plurals such as "we, ourselves," etc. is intended to also encompass the singular and should be read as "myself" etc., where appropriate.*

\_\_\_\_\_  
**Father's Signature** **Date**

\_\_\_\_\_  
**Mother's Signature** **Date**

\_\_\_\_\_  
**Legal Guardian's Signature** **Date**

# COVID-19 Liability Waiver

## 01/01/22-12/31/22

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Petit Allegro LLC (PA) and Elite Dance Force (EDF) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that PA and EDF can not guarantee that my child or I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, teaching staff, and other dancers/students and their families. I voluntarily seek services (dance classes) provided by PA and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that my child and I must comply with all set procedures to reduce the spread while dancing with Petit Allegro LLC.

I acknowledge, certify and agree that:

1. No persons in my immediate household are experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
2. No persons in my immediate household have traveled internationally within the last 14 days.
3. No persons in my immediate household have traveled to a highly impacted area within the United States of America in the last 14 days.
4. No persons in my immediate household are believed to have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
5. No persons in my immediate household have been diagnosed with Coronavirus/Covid-19 and nor declared contagious by state or local public health authorities.
6. PA cannot ensure that all other participants, including teachers and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other dancers and faculty.
7. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold PA and EDF harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may otherwise arise in any way in connection with any services received from PA or EDF. I understand that this release discharges PA and EDF from any liability or claim that I, my heirs, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from PA. This liability waiver and release extends to the studio together with all owners, partners, and employees.

Child's Name(s): \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

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