VAN DER ZWAAN DANCE STUDIO (VDZ)

OUTDOOR DANCE EVENT – WAIVER & RELEASE

Event Name: _____

Event Date: _____

Location: _____

Child's Name: _____

Child's Age: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email Address: _____

PARTICIPATION & ASSUMPTION OF RISK

I give permission for my child to participate in the outdoor dance class/activity taught by Van Der Zwaan Dance Studio (VDZ).

I understand that dance and other physical activities involve inherent risks, including but not limited to slips, trips, falls, collisions, muscle strains, sprains, and other injuries.

I also understand that because this activity is being held outdoors, additional risks may include uneven or slippery surfaces, weather conditions, heat, sun exposure, insects, and other conditions associated with an outdoor environment.

I voluntarily allow my child to participate and accept the ordinary and inherent risks associated with the activity.

RELEASE OF LIABILITY

To the fullest extent permitted by California law, I release and hold harmless Van Der Zwaan Dance Studio, its owners, instructors, employees, independent contractors, volunteers, and representatives from claims arising from the ordinary and inherent risks of participation in this activity, including claims based on ordinary negligence where legally permitted.

This release does not apply to gross negligence, reckless conduct, intentional misconduct, or any liability that cannot legally be waived.

EMERGENCY MEDICAL CARE

In the event of an emergency, I authorize VDZ staff to contact emergency medical services and obtain reasonable emergency medical care for my child if I cannot be reached.

I understand that I am responsible for any medical expenses resulting from such treatment.

Emergency Contact: _____

Emergency Phone: _____

PARENT/GUARDIAN ACKNOWLEDGMENT

I have read and understand this waiver. I voluntarily give permission for my child to participate in the VDZ outdoor dance activity and agree to the terms above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____