



LA VIE DANCE + CULTURE
325 W. WASHINGTON ST, STE 7/8
SAN DIEGO, CA 92103
(619) 560-6281

WAIVER / LIABILITY RELEASE

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of participating in any dance class, yoga class, workshop, exercise, rehearsal or performance dance. In recognition of this acknowledge risk of injury, I knowingly and voluntarily waive all right and / or causes of action of any kind, including any, and all claims of negligence arising as a result of such activity from which liability could accrue to La Vie Dance & Culture (San Diego Dance Culture), its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities herein collectively referred to as "La Vie Dance & Culture".

I hereby agree to release and hold La Vie Dance & Culture harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in activity on behalf of the participant.

I am aware that this is a release of liability and acknowledgment of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free in exchange for the privilege of participation.

If I am a minor, my parent and / or legal guardian has signed this document releasing La Vie Dance & Culture from and all liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

The participant has my permission to participate in La Vie Dance & Culture classes and events. I warrant the below information is complete and correct. I further release La Vie Dance & Culture of all liabilities association with my child's attendance at La Vie Dance & Culture.

Media Release:

I give La Vie Dance & Culture permission to use photos / video obtained during classes & events.

Name (Participant)

Date

Signature (Participant / Parent / Guardian)

Date

Please list any medication, medical or physical conditions:

CAPOEIRA / DANCE / YOGA / WORKSHOP (circle)

EVENT / OTHER: _____