



LA VIE DANCE + CULTURE
@ THE MOVEMENT DANCE CENTER
1255 W MORENA BLVD
SAN DIEGO, CA 92110
(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 / The Movement Dance Center, its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities herein collectively referred to as "La Vie Dance & Culture / The Movement Dance Center".

I hereby agree to release and hold La Vie Dance & Culture / The Movement Dance Center 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 / The Movement Dance Center 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 / The Movement Dance Center of all liability with my child's attendance at La Vie Dance & Culture / The Movement Dance Center.

Media Release:

I give La Vie Dance & Culture / The Movement Dance Center 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:

EVENT / CLASS / OTHER: _____