



Hampton Bays School of Dance

(631) 723 - 0723

www.hbschoolofdance.net

2026 - 2027 Liability Release Form

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged 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 Hampton Bays School of Dance, its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Hampton Bays School of Dance").

I hereby agree to release Hampton Bays School of Dance and hold Hampton Bays School of Dance 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 dance on behalf of the participant.

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

I also give Hampton Bays School of Dance permission to use my child's picture in or on any form of advertisement for Hampton Bays School of Dance or a Hampton Bays School of Dance affiliated event.

If I am a minor, my parents and/or legal guardian has also signed this document releasing Hampton Bays School of Dance from any and all such 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 Hampton Bays School of Dance events. I warrant the below information is complete and correct. I further release Hampton Bays School of Dance of all liabilities associated with my child's attendance at Hampton Bays School of Dance.

Participant's Name

Date

Parent/Guardian Name

Date

Parent/ Guardian Signature

Date

Please list any medications the participant is taking, and any other special medical instructions.
