

WAIVER & RELEASE OF LIABILITY



In exchange for participating in the activity of dancing, cheering, gymnastics/ tumbling organized by Triple Threat Dance Studio, and/or use of the property, facilities and services of Triple Threat Dance Studio, I agree for myself and (if applicable) for the members of my family, to the following:

I further agree to indemnify and hold harmless Triple Threat Dance Studio and all other listed for any and all claims arising as a result of my engaging in or receiving instruction in Triple Threat Dance Studio, LLC. activities or any activities incidental thereto, whenever, wherever or however the same may occur. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Triple Threat Dance Studio for injury, loss, or damage arising out of my or my family's use of or presence upon the facilities of Triple Threat Dance Studio, whether caused by the fault of myself, my family, Triple Threat Dance Studio or third parties. I also understand that Triple Threat Dance Studio does not carry insurance for it's students and I understand that it is required that my child and family be covered by our own family insurance policies and if injury or emergency occurs, my child and family will only be covered under our own family's policy. I understand that our family's own insurance will be the only source of reimbursement and we will not hold Triple Threat Dance Studio or its' staff and volunteers responsible or accountable and will hold the company and it's staff and members harmless.

I HEREBY WAIVE, RELEASE, AND DISCHARGE Triple Threat Dance Studio and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of camps, intensives, private instruction, choreography or any activity I or my family members may participate in.

I understand that by signing below I do hereby acknowledge and agree that my child's dance photograph and/or dance video may appear on Triple Threat's website or other social media platforms run by TTDS

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of North Carolina and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of North Carolina.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Triple Threat Dance Studio, LLC. or any person listed above.

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities, TTDS staff and volunteers, or persons mentioned in this waiver, release and registration form from any and call liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

The undersigned, as a parent or legal guardian of the child registered on this form, hereby authorizes Triple Threat Dance Studio and its delegated leaders and directors, to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Triple Threat Dance Studio will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that Triple Threat Dance Studio and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of the minor is given in good faith in connection with any authorized event, and shall remain effective until revoked in writing and delivered to authorized Triple Threat Dance Studio representative(s).

Participant #1 Full Name _____ DOB: ____/____/____

Medical Insurance Company _____

If I do not have my insurance information today, by signing below I affirm that I do have insurance for the participant(s) listed above.

Participant signature if over the age of 18 _____ Date _____

Parent/Guardian Signature if signing for a minor _____ Date _____