

the still pointe studios

2010-2011 Liability Release Form

I hereby release **The Still Pointe Studios** and its staff from any liability occurring on or around the studio premises, or at any function held at other locations in connection with the classes in which my child is enrolled. I declare that my child, _____, is in good health and can participate in dance classes. Given the nature of dance classes, and with the knowledge that injuries sometimes might occur, I have taken the necessary steps to obtain accident, health, or hospitalization insurance which would cover any sustained injury. In the event of injury or emergency when I cannot be contacted, I give my permission for you to obtain medical services for my child as per the Consent for Medical Treatment Form.

I have read the information and policies detailed on the Still Pointe Studios website. I accept responsibility for the information contained therein. I am prepared to support my child's efforts and the efforts of The Still Pointe Studios and understand that the policies that are stated are for my child's best interest and in the interest of the other students enrolled in The Still Pointe Studios. I understand that I may withdraw my child from the program at any time, but that there are no refunds given after a term has begun. Also, I understand that there are no refunds or deductions given for classes not attended.

I understand that from time to time, The Still Pointe Studios may take photographs or video of classes, rehearsals and performances, including my child(ren), and that these may be used in brochures, on the Web site, or for advertising purposes.

Also, I agree that I will not post any video of The Still Pointe Studios classes, rehearsals or performances online without permission of The Still Pointe Studios.

FULL NAME OF CHILD ENROLLED _____

PARENTS' SIGNATURES _____

DATE _____