

**EDGEWATER DANCE, LLC  
ACCIDENT WAIVER & MEDICAL RELEASE (Minor Child)**

I, \_\_\_\_\_, the undersigned parent or legal guardian of my participating minor, \_\_\_\_\_, acknowledge that dance is an athletic activity and carries the risk of physical injury. This risk is inherent to participating in any and all dance class(es).

I hereby agree to assume all of the risk of my child's participation in dance class(es) for as long as they are a student at EDGEWATER ACADEMY OF DANCE.

I acknowledge that this Accident Waiver form will govern my actions and responsibilities as the parent/legal guardian of my participating child.

In consideration of my child participating in dance at EDGEWATER ACADEMY OF DANCE, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to Waive, Release, and Discharge from any and all liability for personal injury or disability EDGEWATER DANCE, LLC, and its subcontractors.

I have made known to EDGEWATER DANCE, LLC any special physical conditions or prior injuries that may limit my child's participation in dance class(es).

I hereby consent to medical treatment for my child, which may be deemed advisable in the event of injury, accident, or illness. Any expenses incurred for medical treatment shall be borne by the child's family.

This Accident Waiver and Medical Release shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I hereby certify that I have read and understand the above....

---

**Signature of Parent/Guardian**

**Date**

---

**EDGEWATER DANCE, LLC  
ACCIDENT WAIVER & MEDICAL RELEASE  
(ADULT)**

I, \_\_\_\_\_, the undersigned acknowledge that dance is an athletic activity and carries the risk of physical injury. This risk is inherent to participating in any dance class(es).

I hereby agree to assume all of the risk of my participation in dance class for as long as I am a student at EDGEWATER ACADEMY OF DANCE.

In consideration of my participating in dance at EDGEWATER ACADEMY OF DANCE, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to Waive, Release and Discharge from any and all liability for personal injury or disability EDGEWATER DANCE, LLC, and its subcontractors.

I have made known to EDGEWATER DANCE, LLC any special physical conditions or prior injuries that may limit my participation in dance class.

I hereby consent to medical treatment, which may be deemed advisable in the event of injury, accident, or illness, if I am unable to speak for myself. Any expenses incurred for medical treatment shall be borne by myself.

This Accident Waiver and Medical Release shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I hereby certify that I have read and understand and agree to the above....

---

**Signature of Participant**

**Date**