



Live Oak Dance L.L.C

ADULT RELEASE FORM

FIRST NAME

LAST NAME

DATE OF BIRTH

EMAIL ADDRESS

PHONE NUMBER

In signing this form,

1. I understand the teacher may need to suitably touch student in order to make corrections or to illustrate correct motion.
2. I understand that injury can occur during any form of physical activity, and since every precaution has been taken to insure safety in the classroom and hallway, the teacher is not responsible for any injuries that may occur in our premises. I am fully responsible for any medical expenses that result from injuries in the dance studio.
3. I agree to disclose any health issues I have that can impact my ability to perform in the dance class.

I, _____, certify that I understand and consent to all terms of this agreement.

SIGNATURE

DATE