

Let's Dance!

2023-2024 Dance Registration Form and Liability Waiver

As class sizes are limited, please return this form along with your \$20 **non-refundable** registration fee as soon as possible to reserve a spot.

Student Name(s)

Class(es)

Day/Time

Date of Birth

Grade

Address

Name of Parent(s)/Legal Guardian(s)

Phone Number(s)

Email

Emergency Contact

Phone Number(s)

To reserve your student's spot in classes:

- (1) return this completed form, including your signed liability waiver, by mail or email.
- (2) submit your \$20 registration fee (one fee per family) by check or through our website.

Let's Dance! / Kellie Larson Dance, LLC
16153 NE 112th Street, Redmond, WA 98052
(206) 947-4932
kellielarsondance@gmail.com
www.LetsDanceRedmond.com

(please complete Liability Waiver on following page)

Liability Waiver and Release

In consideration of my and/or my child's/ward's ("Student's") participation in dance classes to be taught by video or in person by LET'S DANCE! / KELLIE LARSON DANCE, LLC ("Let's Dance!"), the undersigned acknowledges and agrees as follows:

- Student is in good physical condition and does not suffer from any disability or illness, including but not limited to COVID-19, that would prevent or limit Student's participation in any classes offered by Let's Dance!
- I fully understand the physical demands involved in the classes to be taught by Let's Dance!, and the risk of injury associated with such activities, including, without limitation, serious physical injury, illness and/or death.
- The risk of having contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that the undersigned, Student or a member of Student's household could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF ANY RELEASEES (as defined below) or others, and assume full responsibility for Student's participation in dance classes.
- Student will comply with all stated and customary terms and conditions for participation in in-person classes, including, without limitation:
 - Student, or any member of Student's household, must not have been diagnosed with COVID-19 within the last 14 days;
 - Student must not have experienced symptoms of fever, fatigue, difficulty in breathing or dry cough, or have exhibited any other symptoms relating to COVID-19 within the last 14 days; and
 - Student, and any member of Student's household, must not have been in physical contact with a person diagnosed with COVID-19.
- I, for Student, myself, my spouse/partner, and all others in my care, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS LET'S DANCE!, its managers, members, employees and agents, Health Within, Kathy Steeh, and other students, participants and parents (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF ANY RELEASEES OR OTHERWISE.
- I, FOR STUDENT, MYSELF, MY SPOUSE/PARTNER AND ALL OTHERS IN MY CARE, HAVE READ THIS LIABILITY WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF, AND/OR ON BEHALF OF THE STUDENT(S) NAMED BELOW, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

[check box to provide media consent] I acknowledge and consent to allow Let's Dance! to use photos and/or videos of Student and/or myself in publications (such as flyers/brochures), advertisements (such as online ads), the Let's Dance! website and/or social media sites (such as Facebook or Instagram accounts); provided that neither Student's nor my name be used. I further understand there will be no financial compensation for any such use of photos and/or videos.

Signature

Date

Student Name(s):

