**WAIVER & RELEASE FORM**

**Ballroom Asia Dance Studio**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Emergency Contact Name & Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_**, acknowledge that participation in all dance classes or self practice in studio involves physical activity that carries certain risks, including but not limited to falls, sprains, muscle strains, and other potential injuries. I understand that I am voluntarily participating in this class at my own risk.

I hereby release and hold harmless **Ballroom Asia Inc. (Ballroom Asia Dance Studio)**, its instructors, employees, and affiliates from any liability, claims, demands, or causes of action arising from any injury, loss, or damage that may occur during or as a result of my participation.

I confirm that I am in good physical condition and have no medical condition that would prevent my safe participation in this activity. If I have any health concerns, I acknowledge that it is my responsibility to consult a physician before participating.

I grant permission for **Ballroom Asia Dance Studio** to use photos or videos taken during the class for promotional purposes unless I notify the studio otherwise in writing.

By signing below, I acknowledge that I have read and understood this waiver and agree to its terms.

**Participant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_