



Workshop Liability Waiver

Must be completed for dancer to participate in workshops

Dancer's Name: (first) _____ (Last) _____ Birth of Birth: _____/_____/_____

Workshop/Class Registered for: _____ Date of Workshop/Class: _____

Emergency Contacts: (in the event of an emergency when the Parent/Guardian cannot be reached)

Name: _____ Contact Phone: (_____) _____ Relation: _____

Name: _____ Contact Phone: (_____) _____ Relation: _____

Medical Information: (Please list any physical/psychological limitations, injuries, or weakness that may affect the dancer's participation/performance.

Current Medications: _____

Other Medical Conditions or Food Allergies: _____

Dancer's Doctor: _____ Dr. Phone: (_____) _____

Pro Dance Elite, Inc.

Acknowledgment, Authorization, and Release Form

In consideration for (dancer's name) _____'s participation in the activities provided by Pro Dance Elite, Inc., including but not limited to all aspects of dancing, conditioning, and training and/or competition. I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury. I hereby release Pro Dance Elite, Inc., including it's officers, shareholders, agents, contractors, and employees, from any liability to the above named dancer, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premises of Pro Dance Elite Inc., including any event sponsored sanctioned by Pro Dance Elite, Inc., and/or travel to and from such activities. This release included but is not limited to any claims of negligence, dangerous condition, latent defect,. Premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Illinois Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend Pro Dance Elite, Inc., including it's officers, shareholders, agents, and employees from any loss, liability, damage, or cost incurred by them due to the above named dancer on the premises or successor in interest, and anyone claiming by or through him/her. In addition, I have read and understood the registration form and agree to all terms as stated above. I also attest that all given is factual. I certify that the athlete is in good health and may participate in activities at Pro Dance Elite, Inc. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Pro Dance Elite, Inc. and it's agents, to take the above named dancer to a qualified medical or hospital facility for care and treatment.

Dancer's Printed Name: _____ Dancer's Signature: _____ Date: _____

Parent/Legal guardian's Printed Name: _____ Parent/Legal Guardian's Signature: _____

Office Use Only: _____ Team/Class: _____ Registration Date: _____