

Karar Academy

Student release form

*Student will not be admitted or allowed to participate in class without this form. If a minor child is participating in dance classes, a parent (both if legally divorced) or legal guardian must read, sign and date below:

As the parent/guardian of (student's full legal name) _____,
we (my child, my spouse-if any-and I) hereby grant permission for our child to participate in the dance classes/performances of Karar Academy and do also hereby state that the student is physically able to participate in dance activities.

I understand that dance carries with it certain intrinsic risks of injury and/or illness due to heightened and extended duration of physical activity with many dancers moving at the same time. These risks include, but are not limited to, exacerbation or onset of respiratory and/or cardiac illness, contraction of communicable disease, broken/stressed bones, pulled/torn connective tissue, pulled/torn muscular tissue, laceration, concussion, dental injury, etc. I fully accept the liability of the intrinsic risks associated with dance and cannot hold Karar Academy legally or financially responsible for incidents arising from these risks. I hereby release and hold harmless Karar Academy, the instructors, and the owners of the buildings in which we meet or perform and any of their employees from all claims resulting from illness, injury, or other damages, which may be sustained during participation in classes and/or performances, excluding regular or gross negligence on the part of the parties listed above.

In the event of travel for Karar Academy's Student Company, all individuals (students, instructors, and chaperons) will be covered under the liability coverage of the driver's liability insurance.

In the event of emergent illness or injury, I hereby authorize the staff members of Karar Academy to seek or refrain from seeking medical assistance according to their judgement. I authorize staff members to seek assistance from doctors, nurses or emergency personnel for medical, surgical, or medical/surgical treatment that, in the medical professional's opinion, is deemed necessary. If medical/surgical treatment is obtained, I will not hold Karar Academy responsible or liable for the judgment and/or treatment that was obtained by a medical professional. I understand that Karar Academy, the instructors, and the owners of the buildings in which we meet or perform or any of their employees cannot assume responsibility for medical, dental, or other health expenses incurred due to the intrinsic risks associated with participation in dance activities.

Further, I hereby grant full permission to any individuals associated with Karar Academy, with the permission of the Artistic Director, to use any photographs, video/audio recordings, or any other record involving the student named above for publicity and promotional purposes.

Parent/Guardian Signature _____

Print Name _____ Date _____

Second Parent Signature is required if parents are legally divorced

Second Parent Signature _____

Print Name _____ Date _____