

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____ hereby agree to the following:

1. That I am participating in a dance/fitness class at Propel Dance Inc. I recognize that dance and fitness type classes require physical exertion which may be strenuous and may cause physical injury. I am also fully aware of the risk and hazard involved.

2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the class. I represent that I am physically fit and have no medical condition which would prevent my full participation.

3. I agree to take full responsibility for any risks, injuries or damages known or unknown which might incur as a result of participating in the class(es).

4. I knowingly and voluntarily waive any claim I may have against Propel Dance Inc., or any faculty members for injury and damage that I may sustain as a result of participating in class(es).

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

SIGNATURE

DATE SIGNED

WITNESS

If the participant is under 19 years of age:

As legal guardian of this participant _____ I consent to the above.

ADDRESS

PHONE NUMBER

EMERGENCY CONTACT NUMBER

EMAIL