

# Orange Lotus Studio

DBA ORANGE LOTUS, LLC

## Liability Waiver Form

I realize that participation in dance classes and activities could involve some possible personal injury. I hereby affirm that I am the named person below, I am in good physical condition, and I do not suffer from any disability that would prevent or limit participation in this dance program. Despite precautions, accidents and injuries may occur. By signing this release form, I (Dancer and/or Parent/Guardian) assume all risks related to the use of any and all spaces used by *Orange Lotus Studio DBA Orange Lotus, LLC*.

I agree to release and hold harmless *Orange Lotus Studio DBA Orange Lotus, LLC*, including its teachers, dancers, staff members, family members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I will not hold *Orange Lotus Studio DBA Orange Lotus, LLC*, liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. I will not hold *Orange Lotus Studio DBA Orange Lotus, LLC*, liable for any personal injury or any personal property damage from activities sponsored, represented, or organized by *Orange Lotus Studio DBA Orange Lotus, LLC*. Furthermore, I agree to obey the class and facility rules and take full responsibility for my behavior in addition to any damage I may cause to the facilities utilized by *Orange Lotus Studio DBA Orange Lotus, LLC*.

I understand that *Orange Lotus Studio DBA Orange Lotus, LLC*, is a licensed and insured organization. In the event that I should observe any unsafe conduct or conditions before, during, or after my classes, I agree to report the unsafe conduct or conditions to an instructor or staff member as soon as possible.

By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If unable to sign, parent/guardian signs below)

Parent/Guardian Name (if participant is a minor): \_\_\_\_\_  
(Print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

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Phone Number best reached at, in case of class cancellation: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AZ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Current/past injuries: \_\_\_\_\_

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FOR OFFICE USE ONLY

Updated 2/9/2020

Added to monthly newsletter: