



# Responsibility Waiver

- 🍏 I understand that it is my responsibility to consult a physician regarding my participating in all programs offered by Sole City Dance prior to attending my first class.
- 🍏 I understand that it is my responsibility to inform the teacher present of any injuries and/or limitations that might affect my practice before each class I attend.
- 🍏 I understand that I am participating in programs that may involve hands on adjustments to my body. I am permitting all teachers to touch and adjust my body in accordance with professional standards.
- 🍏 I acknowledge and understand that participation in some yoga classes entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities. Without certain degree of risks, students would not improve their skills and the enjoyment of activities would be diminished. I expressly agree and promise to accept and assume all risks existing in this activity. My participation is purely voluntary, and I elect to participate in spite of the risks.
- 🍏 In consideration of being permitted to participate in the programs at Sole City Dance, I assume full responsibility for any risks, injuries or damages, known or unknown, which might occur as a result of my participation in the program. I release and agree to indemnify and hold harmless Sole City Dance, their representatives, officers, to the fullest extent permitted by law. It is expressly agreed that all use of facilities and premises (including but not limited to stairs, parking areas, walkways) shall be undertaken at my sole risk.
- 🍏 I may occasionally be photographed while taking classes. The photos are the property of Sole City and no compensation will be given to me if these photos are used by Sole City for promotional purposes. If I do not want my picture taken it is my responsibility to let the photographer know.

Please list any medications, medical conditions or things we should be aware of:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sole City Witness: \_\_\_\_\_ Date: \_\_\_\_\_