

**HINGE DANCE COMPANY WAIVER AND RELEASE FROM LIABILITY**

I, \_\_\_\_\_(print your name) have chosen to participate in dance rehearsal given by Hinge Dance Company/Oxford Academy of Dance Arts. I acknowledge that I understand the nature of the activities I will be participating in and that I am in the proper physical condition and capable of participating in the related activities, understanding that Hinge/OADA is not in any way responsible for making such a determination.

In consideration of my enrollment in any instruction/rehearsal program, I understand and agree on behalf of myself, to release, hold harmless and discharge Hinge/OADA from all claims, costs, liabilities, expenses for judgments, including attorneys' fees and court costs for any occurrences in connection with any dance instruction. I assume all risks in connecting with any instruction/rehearsal and further release Hinge/OADA and its owners or employees from liability for any injury sustained by myself while enrolled in any dance instruction program, including all risks reasonable connected with such activity whether foreseen or unforeseen.

I understand that Hinge/OADA is not responsible for myself under any supervision who are left unsupervised in the common areas and areas surround the dance studio and that Hinge/OADA will only be supervising my participation during scheduled dance activities, programs and instructions.

I understand that Hinge/OADA is not responsible for personal property that is lost, damaged or stolen while I am at or on OADA property.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself participating in Hinge/OADA activities and that Hinge/OADA does not provide accident or heath insurance for participating in it instruction, program or activities.

I authorize and agree that Hinge/OADA may take and use photographs, videos or likeness of myself as needed for its record-keeping, advertising and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release all liability pursuant to the terms herein and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

**I HAVE FULLY INFORMED MYSELF AS THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.**

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Signature of Participant

Date

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Printed name of Participant