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**Main Studio:** 1003 North 25th Street | Richmond, Virginia 23223 | **Main:** 804.350.6383 | **Facsimile:** 804.222.1622

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## MEDICAL RELEASE FORM

I grant permission to the staff of **Happiness Dance Studios** to take first aid or emergency measures as judged necessary for the care and protection of me; the individual enrolled in the class and/or my child while under the supervision of the studio. In case of medical emergency, I understand that me; the individual enrolled in the class and/or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before me; the individuals enrolled in the class and/or the child's parent, physician, and or other person acting on the parent's behalf. I also understand and agree that me the individual enrolled in the class and/or the child's parents or legal guardians shall be responsible for any expenses incurred. I/we realize that participation in dance/exercise classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of all spaces used by **Happiness Dance Studios**. I/we agree to release and hold harmless **Happiness Dance Studios** including its owners, teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold **Happiness Dance Studios** liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by **Happiness Dance Studios**.

### Individual Enrolled

\_\_\_\_\_

*Printed Name*

\_\_\_\_\_

*Signature*

### Parent and/Guardian Responsible for Individual Enrolled

\_\_\_\_\_

*Printed Name*

\_\_\_\_\_

*Signature*

**Date:** \_\_\_\_\_