



RELEASE FORM

Name: _____ (Parent/Guardian if under 18): _____

Address: _____ City/State/Zip: _____

Main Phone #: _____ Cell/Home (circle one)

Alt Phone #: _____ Cell/Home (circle one)

E--mail Address: _____ Birthday (00/00/00): _____

How did you hear about us? _____

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

Reason for Attending: (check all that apply)

Fun Fitness Perform Belly Dance Nia Yoga Burlesque Other: _____

Please observe the following Class Etiquette in respect of your teacher & other students:

- * Turn off your cell phone
- * No chewing gum
- * No long skirts
- * If you have a question, ask!
- * Respect other classes in session (keep your voice down)
- * No side conversations in class
- * Do not correct your fellow students
- * Only positive comments about yourself & others
- * Be impeccable with your word
- * Don't make assumptions
- * Don't take things personally
- * Always do your best!

Remember this is a supportive environment here to nurture everyone's creative growth... be kind to everyone, especially yourself. Try Everything, you can do it!

I, the undersigned understand that there are physical risks associated with dance or exercise of any kind. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in these classes, workshops, and activities offered by *Hip Expressions LLC* and agents, in person or online with virtual classes.. I agree that by participating in the programs and activities offered by *Hip Expressions LLC* including classes, workshops, and other activities, I expressly assume all risks and full responsibility for any injuries, damages, or losses which I may incur as a result from these activities, in person or online with virtual classes, and I do hereby fully forever release and discharge *Hip Expressions LLC* and its staff, partners, employees, agents, from any and all claims, demands, rights, or actions, causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in the classes, workshops, or other activities in person or online. I also grant *Hip Expressions LLC* the right to use any and all images, still or moving, taken of me at their events, classes or shows, for promotional material or in any of their printed or online publications.

Student/Legal Guardian Signature: _____ Date: _____

Print Name: _____



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Hip Expressions Belly Dance Studio (Hip Expressions, LLC), 'the Studio' has put in place preventative measures to reduce the spread of COVID-19; however the Studio and its employees and contractors cannot guarantee that you, your child(ren) or any additional visitors, will not become infected with COVID-19 or that you are not already an asymptomatic carrier of COVID-19. Further, receiving services or attending programs at the Studio could increase your risk, your child(ren)'s risk, or any additional visitors' risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my child(ren), and any additional visitors who visit the Studio with me may be exposed to or infected by COVID-19 by receiving services or attending programs at the Studio and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 at the Studio may result from the actions, omissions or negligence of myself and others, including, but not limited to, Studio owners, practitioners, teachers, contractors, and employees.

In consideration for being permitted to receive services at the Studio, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility of any injury to myself, my child(ren) or any visitors that accompany me (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) or any visitors that accompany me, may experience or incur in connection with receiving services or attending programs at the Studio. On my behalf, and on behalf of my heirs, executors, administrators, personal representatives, and assigns, I hereby release, covenant not to sue, discharge and hold harmless Hip Expressions, LLC, its owners, employees, agents, and representatives, of and from any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Studio, its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after receiving services or attending programs at the Studio.

Print Participant Name

Print Parent/Guardian Name (if different)

Signature of Client/Student/Parent/Guardian

_____/_____/_____
Date