

Dance Xpress
4320 Marsh Ridge #130
Carrollton, Texas 75010
972-939-7200
www.danceexpress.com



Dance Xpress Medical & Release Form

MEDICAL RELEASE: I give my permission for Dance Xpress, Studio Teachers, or Studio Parents to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependant. I accept full responsibility for all costs of said medical care and any emergency treatments. Dance Xpress will not be responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments.

WAIVER AND RELEASE: I, the undersigned, agree that I will not hold the Dance Xpress, or any of its instructors, employees, agents, representatives, and successors, liable for injuries sustained or illness contracted by me or my dependant(s) while a student of the Dance Xpress. I agree that if my dependent or I (heretofore known as "we") engage in any physical exercise, class, or activity, or facility on the premises or any venue where we participate as representatives of Dance Xpress, we do so at our own risk. I agree that we are voluntarily participating in activities and use of said facilities, premises (including the parking lot) and designated Dance Xpress venues. We assume all risk of injury, illness, damage, or loss to us or our property that might result, including, without limitation, any loss or theft of any personal property. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by Dance Xpress.

This form and agreements will remain in affect for the dancers entire career at Dance Xpress.

Student Name

Parent Name

Parent Signature and Date