

## RELEASE OF LIABILITY

I, (print) \_\_\_\_\_ have read the school policy information and hereby agree to indemnify and hold harmless and hereby release from all liability Amy Coyle and Art of Dance, LLC and their respective agents, members, employees and independent contractors from any claim for damages arising from any injury or loss of property sustained by me or my son/daughter while on the premises of, attending any class or program or participating in any event under the direction or control of Art of Dance, LLC. I further authorize Art of Dance, LLC its agents, employees and designates to provide emergency medical treatment to me or my son/daughter \_\_\_\_\_ while he/she is on the premises or attending any class or program or event sponsored by or under the direction or control of Art of Dance, LLC.

I understand that I am responsible for the entire tuition of classes for which I have registered and that tuition payments will be applied to the term in which they are paid. I understand and agree that there are no refunds for missed classes or voluntary withdrawal from Art of Dance, LLC during the term.

\_\_\_\_\_  
Signature (parent or guardian)

\_\_\_\_\_  
Date

**Please mail complete Forms and Payment to:**

**Art of Dance, LLC  
P.O. Box 848  
Georgetown, CT 06829**

**203\*544\*9821**