



SOUTHERN RHYTHM, LLC

Liability Release Form

I, understand that there are risks of physical injury associated with, arising out of, and inherent to the activity of dance. Participation in activities and events with Southern Rhythm, LLC requires vigorous exercise, and an above average fitness level from the participants. Participation in dance and exercise activities may result in, but are not limited to, minor injuries, such as bruises, cuts, and scratches; serious injuries such as concussions and broken bones; and catastrophic injuries such as paralysis and even death. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/ or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Southern Rhythm, LLC, it'officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Southern Rhythm".)

In consideration for participation in the activities, I hereby agree to release Southern Rhythm and hold Southern Rhythm harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation, on my behalf , my spouse, heirs, administrators, and assigns.

I also give Southern Rhythm permission to use my child's picture in or on any form of advertisement for Southern Rhythm or at a Southern Rhythm affiliated event. If I am a minor, my parent and / or legal guardian has also signed this document releasing Southern Rhythm from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

The participant has my permission to participate in Southern Rhythm Events. I warrant the below information is complete and correct. I further release Southern Rhythm of all liabilities associated with my child's attendance at Southern Rhythm.

Parent/ Guardian Signature

Date

Participant's Name

Date

Please list any medications the participant is taking, and any other special medical instructions.
