Ellure Ballroom Liability Waiver   
and Acknowledgment of Risk:

**READ AND SIGN BELOW**

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Ellure Ballroom classes, rehearsals, performances, or activities.

I also exempt, release, and indemnify Ellure Ballroom, its owners, assistants, employees, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Ellure Ballroom.

I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Ellure Ballroom, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I also understand that this is a “pay as I go” studio, which means that after each lesson, I will pay the instructor for her time, unless I have payed in advanced for a certain amount of lessons. I understand there will be no exceptions to this rule whatsoever. I understand that failure to pay can result in me being permanently banned from Ellure Ballroom.

Permission is granted Ellure Ballroom to use photographs of students for publicity purposes.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date):

PRINTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First and Last Name)

PLEASE SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_