

DGBEK Studios, 4677 LB McLeod Road, Suite i, Orlando, FL 32811

(Minor)

**WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT
AND CONSENT TO MEDICAL TREATMENT**

I, (print your name) _____, certify that I am the parent or legal guardian of (child name) _____, who is a minor. As consideration for my child being allowed to participate in the programs and activities offered at DGBEK Studios - The Hip Hop Dance Academy (the "Academy"), I agree to release, waive, discharge, and covenant not to sue the Academy along with its owners, officers, directors, board members, supervisors, agents, servants or employees (releasee), from any and all liabilities, claims, demands, or causes of action that may arise from negligence, including gross negligence, or be related to any loss, damage, or injury, including death, that may be sustained by my child or my child's personal property while my child is participating in the Academy's programs or activities or while my child is on the premises on which the Academy is located.

To the best of my knowledge, my child is in good physical condition and I have no knowledge of any physical condition, injury, or illness whatsoever which would place my child at risk to participate in the camp's programs and activities. I am fully aware of the risks connected with participating in the programs and activities at the Academy. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that my child may sustain as a result of participating in the Academy's programs and activities, however caused. I further agree to indemnify and hold harmless the releasee from any loss, liability, damage or cost, including court costs and attorneys' fees, that may accrue related to my child's participation in the Academy's programs and activities, however caused.

While my child is attending the Academy, I give permission for the staff of the Academy to administer appropriate medical attention to my child in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical care and treatment that may be provided, except for care and treatment covered by my insurance. This instrument shall be binding upon the members of my family, my spouse, and my heirs, assigns and personal representatives. This instrument shall be governed by the laws of Florida.

I certify that I have read and fully understand the above waiver and consent form. I certify that I am signing this form freely and voluntarily and that I understand that by signing this form I am giving up substantial rights. I certify that all blanks or statements requiring insertion or completion were filled in before I signed.

Dated: _____

Parent/Legal Guardian's signature: _____

Phone number: _____

Email: _____