

**\*\*RETURN THIS FORM PROMPTLY\*\***

**Waiver of Risk, Medical Release, Privacy Policy, and Talent Release Form**

*JIVE, LLC, 1752 South State Street, Orem, UT 84059*



\_\_\_\_\_ **Dancer (Participant)**

\_\_\_\_\_ **Participant Birthday (MM/DD/YY)**

\_\_\_\_\_ **Parent (if dancer is under 18)**

\_\_\_\_\_ **Street Address**

\_\_\_\_\_ **City, State, Zip Code**

\_\_\_\_\_ **Home Phone**

\_\_\_\_\_ **Cell Phone**

\_\_\_\_\_ **Parent E-mail Address**

**Date of First Class** \_\_\_\_\_

**Starting in Which Class:**

**WAIVER OF RISK AND MEDICAL RELEASE:**

**Weekday** \_\_\_\_\_ **Time** \_\_\_\_\_

I understand that there are physical risks associated with dancing (such as: muscle pain, joint pain, sprains, broken bones, etc). With regard to resultant injury, I, the above named participant (or parent/guardian for dancers under 18 years of age), hold harmless, *Jive, LLC* and its entire staff, and thereby assume all risks and responsibility for any injuries, illnesses, or damages resulting from participation in the activities related directly or indirectly to *Jive, LLC* and any related or respective medical costs—*Jive's* dancers are dancing (i.e. practices, concerts, etc) at their own risk. I also authorize Gina Eady or any other *Jive, LLC* dance instructor to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of accident or illness for the above named participant, and I will provide for the payment of such services. I hold harmless *Jive, LLC* and its entire staff for acts or nonacts committed by such hired professionals or medical providers. I also understand that no participant is allowed, while on *Jive's* premises, to: (1) climb or play on the perimeter walls of the parking lot near the entrance to *Jive*, which may be a hazard; (2) bring toys; (3) chew gum; (4) bring friends without prior permission; or (5) participate wearing only socks or stockings as footwear. If a dancer discontinues class between January and the concert, only 25% of the concert fee will be refunded. Please list medical conditions or considerations that should be known here:

**PRIVACY POLICY:**

I understand that my information, whether public or private, will not be sold, exchanged, transferred, or given to any other company without my consent. I also understand that *Jive, LLC* may release my information when *Jive, LLC* believes release is appropriate to comply with the law or protect it's or other's rights, property, or safety.

**TALENT RELEASE:**

I hereby assign and grant to *Jive, LLC* the right and permission to use and publish the photographs/video/electronic representations and/or sound recordings made of me or my child at all *Jive, LLC* dance-related activities, and I hereby release *Jive, LLC*, the *LLC* members, studio staff, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/video/electronic representations and/or sound recordings without limitation at the discretion of *Jive, LLC*, and I specifically waive any right to any compensation I may have for any of the foregoing.

\_\_\_\_\_ **Printed Name of Participant or Parent if Participant is under 18**

\_\_\_\_\_ **Signature of Participant or Parent if Participant is under 18**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Emergency Contact Name**

\_\_\_\_\_ **Emergency Contact Phone Number**

\_\_\_\_\_ **How did you hear about Jive?**

**Additional copies of this form can be found online:**  
<https://jivellc.com/orem/waiver.pdf>