

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

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

RIVERTON JIVE, LLC, 2604 West 12600 South, Riverton, UT 84065



RIVERTON

_____ **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:

Weekday _____ **Time** _____

WAIVER OF RISK AND MEDICAL RELEASE:

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, *Riverton Jive* 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 *Riverton Jive* 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 *Riverton Jive* 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 *Riverton Jive* 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/play on the perimeter walls, in the parking lot, or roadways near *Riverton 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 Riverton Jive 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 Riverton Jive 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 Riverton Jive dance-related activities, and I hereby release Riverton Jive, 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 Riverton Jive, 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 Riverton Jive?**

Additional copies of this form can be found online:
<https://jivellc.com/riv/waiverriv.pdf>