

**\*\*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. 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>