

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

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

SPRINGVILLE JIVE (JIVE SOUTH, LLC), 244 S. Main St., Springville, UT 84663



SPRINGVILLE

_____ **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, *Springville 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 *Springville 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 *Springville 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 *Springville 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 *Springville 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 *Springville Jive* may release my information when *Springville Jive* (*Jive South, 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 *Springville 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 *Springville Jive* dance-related activities, and I hereby release *Springville 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 *Springville 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 *Springville Jive*?**

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