

**The Circle City Dance Productions, LLC, Performers Edge, DanceWorks Indy  
Liability Waiver and Acknowledgment of Risk:**

**READ AND SIGN BELOW**

**REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED  
BEFORE PARTICIPATION**

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of **Circle City Dance Productions, LLC.** classes, rehearsals, performances, or activities. I also exempt, release, and indemnify **Circle City Dance Productions, LLC, Performers Edge, or DanceWorks Indy** its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by **Circle City Dance Productions, LLC, Performers Edge, or DanceWorks Indy.** I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold **Circle City Dance Productions, LLC, Performers Edge, or DanceWorks Indy** its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted of **Circle City Dance Productions, LLC** to use photographs and/or videos of students/company members for publicity purposes.

\_\_\_\_\_  
Dancer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date