



Moving Miracles, Inc.

Release of Liability



I, _____, on behalf of myself or as a parent and/or legal
Self/Parent/Guardian/Conservator

Guardian and or Conservator of, _____, acknowledge that
dance activities have inherent benefits and risks, including the risk of physical
injury. I have knowingly made a determination that the potential benefits to this
person participating in this program are greater than any risks assumed. Further, I
agree to assume the risk of such participation in this program. I hereby, intending
to be legally bound, on behalf of myself, this person, my heirs, assigns, executor or
administrator waive and forever release all claims for damages against Moving
Miracles, Inc. Dance Program, its Board of Directors, instructors, therapists, aids,
volunteers and/or employees for any and all injuries this person may sustain while
participating in this dance program. I hereby, intending to be legally bound, on
behalf of myself, this person, my heirs assigns, executor or administrator agree to
hold harmless Moving Miracles, Inc. Dance Program, its Board of Directors,
instructors, therapists, aids, volunteers, and/or employees for any injuries this
person may sustain while participating in the dance program.

Signature _____
Self/Parent/Legal Guardian/Conservator

PIN #

Date _____

When medically feasible, dancers will be transported to Women and Children's
Hospital in the event of an emergency, unless specified otherwise.
Indicate alternative preference. _____