

WAIVER AND RELEASE OF LIABILITY

I understand by my signature below that this document is a liability release and waiver by which I am giving up all my rights of every kind (including rights of a minor for whom I sign) to claim damages against Northwoods Social Dance, LLC, and any associated entities, lessors, officers, stockholders, and employees.

In consideration of the risk of injury that exists while participating in DANCE LESSONS AND EVENTS (hereinafter the "Activity"); and of my desire to participate in said Activity and being given the right to participate in same;

I HEREBY release and forever discharge NORTHWOODS SOCIAL DANCE, LLC., their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I agree to indemnify and defend Releasees against and hold them harmless from any and all claims of action, damages, judgments, costs or expenses, including attorney fees, which in any way arise from my participation. I acknowledge and agree that if I sign this contract for a minor, I do so as his or her parent and/or legal guardian, and accept all responsibility and shall be bound by the above terms and conditions.

In the event that I should require medical care or treatment, I authorize Northwoods Social Dance, LLC. to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

Name:

Address:

Telephone:

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Name of Minors (Printed):

I HAVE READ THIS ENTIRE LIABILITY RELEASE AND WAIVER AND ACKNOWLEDGE THAT I UNDERSTAND IT COMPLETELY. I REPRESENT THAT I AM OF LEGAL AGE (18 IN WISCONSIN) OR THAT THE SIGNER IS LEGALLY RESPONSIBLE FOR A MINOR. If signing for a minor, the signer agrees to indemnify Releasees for any and all claims that the minor may make including all costs associated therewith, including actual attorney fees.

Signature:

Date:

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact	Contact Relationship	Contact Telephone
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