

LIMITED LIABILITY WAIVER AND RELEASE OF CLAIMS

The Empowerment Studio

2310 Vintage Ct

Excelsior Springs, MO 64024

Participant Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

This Limited Liability Waiver and Release of Claims ("Waiver") is entered into by the undersigned ("Participant") in favor of The Empowerment Studio, its owners, instructors, employees, volunteers, and agents (collectively, "The Studio").

1. Acknowledgment of Risk

Participant acknowledges that participation in dance classes, fitness activities, workshops, events, and photography sessions conducted by The Studio involves inherent risks, including but not limited to physical injury, emotional distress, or property damage. Participant voluntarily assumes all such risks.

2. Health and Medical Condition

Participant affirms that they are physically able to participate in all activities offered by The Studio and have no medical conditions that would prevent safe participation. Participant is solely responsible for consulting with a healthcare provider before engaging in any physical activity.

3. Release of Liability

To the fullest extent permitted by law, Participant, on behalf of themselves, their heirs, assigns, personal representatives, and next of kin, hereby releases, waives, discharges, and holds harmless The Empowerment Studio from any and all liability, claims, demands, causes of action, or expenses (including attorneys' fees) arising from participation in activities or presence on the premises.

Initial here _____ acknowledging receipt of form.

4. Photography & Media Release

Participant grants permission for The Studio to photograph or record their image during activities and to use such images for promotional or educational purposes in print, online, and social media without compensation.

_____ Initial here if you **DO NOT** consent to photo or video use.

5. Personal Belongings

The Studio is not responsible for the loss, theft, or damage of any personal property brought onto the premises.

6. COVID-19 and Infectious Disease Waiver

Participant acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk of exposure by participating in any activity. Participant agrees to comply with all safety guidelines as may be established by The Studio or local authorities.

7. Consent and Understanding

By signing below, Participant affirms that they have read, understood, and voluntarily agree to this Waiver. Participant understands that they are giving up substantial legal rights, including the right to sue.

Signature of Participant: _____

Printed Name: _____

Date: _____

(If under 18, parent/guardian signature is required)

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____