

# KATHRYN ROSZAK

## DANSE LUMIERE

6334 Kensington Avenue  
Richmond, CA 94805  
(510) 233-5550

### AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby agree to the following:

1. That my child (name): \_\_\_\_\_ will participate in the **Dance Program** offered by **Kathryn Roszak/Danse Lumiere**, during which my child will receive dance instruction. I recognize that dance requires physical activity that may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the program. I represent and warrant that my child is physically fit and has no medical condition that would prevent their full participation in the program.
3. In consideration of being permitted to participate in the program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which my child might incur as a result of participating in the program.
4. In consideration of being permitted to participate in the Program, I knowingly, voluntarily and expressly waive any claim I may have against **Kathryn Roszak/Danse Lumiere** for injury or damages that my child may sustain as a result of participating in the program.
5. I understand that my child may appear in photographs and videos to promote the program.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree, on behalf of my child, to the terms and conditions stated above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN  
OF PARTICIPATING CHILD