

**HOLD HARMLESS AGREEMENT**  
**(Hickory Academy of Dance Arts LLC Liability Waiver and Release Form)**

This Hold Harmless Agreement ("Agreement") is entered into on this \_\_\_\_ day of \_\_\_\_\_, 2025, by and between:

**Dance Studio Name:** Hickory Academy of Dance Arts ("Studio")  
**Participant Name:** \_\_\_\_\_ ("Participant")

**Parent/Guardian Name:** \_\_\_\_\_ (if Participant is under 18)

**Studio Address:** 13 W Washington Street, Hickory, MS 39332  
**Phone:** 662-255-2187  
**Email:** hickoryacademyofdancearts@gmail.com

### **1. Assumption of Risk**

I understand and acknowledge that participation in dance classes, rehearsals, performances, or any related studio activity involves physical movement and exertion, which carries a risk of injury, including but not limited to sprains, strains, broken bones, and in rare cases, more serious injuries.

I voluntarily assume all risks associated with my (or my child's) participation in any and all activities associated with the Studio.

### **2. Waiver and Release**

I hereby waive, release, and discharge the Studio, its owners, instructors, staff, volunteers, agents, and affiliates from any and all claims, liabilities, demands, and causes of action, known or unknown, that may arise from injury, illness, or damage incurred while participating in Studio activities or while on Studio premises.

This release includes claims arising from the negligence of the Studio or its personnel, but does not include claims arising from gross negligence or intentional misconduct.

### **3. Hold Harmless**

I agree to indemnify and hold harmless the Studio, its directors, officers, employees, and agents from and against any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities arising from or related to my (or my child's) participation in Studio activities, and to reimburse them for any such expenses incurred.

### **4. Medical Treatment**

In the event of an emergency, I authorize the Studio to obtain necessary medical treatment for myself or my child. I agree to be responsible for any medical expenses incurred.

## 5. Photography and Video Release

I give permission for the Studio to use photographs or videos of the Participant taken during classes or events for promotional or marketing purposes, unless I provide a written opt-out.

## 6. Severability

If any portion of this Agreement is held to be invalid or unenforceable, the remaining portions shall continue in full force and effect.

## 7. Acknowledgment of Understanding

I have read this Hold Harmless Agreement and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily.

---

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **(If Participant is under 18)**

**Date:** \_\_\_\_\_

**Studio Representative Signature:** *Cara Brand*