



# *Lasting Memories Fine Arts Studio*

## Liability Waiver and Acknowledgment of Risk:

(READ AND SIGN BELOW)

**REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND  
MUST BE COMPLETED BEFORE THE FIRST CLASS**

I understand and agree that in participating in any art or dance classes, workshop, rehearsal, camp, or performance/showcase, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Lasting Memories Fine Arts Studio classes, rehearsals, performances, or activities.

I also exempt, release, and indemnify Lasting Memories Fine Arts Studio, its owners, agents, volunteers, assistants, employees, guest artists, faculty whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Lasting Memories Fine Arts Studio.

I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Lasting Memories Fine Arts Studio, its owners, agents, instructors, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I have read, understand and agree to be bound by the above statements:  
(please print your name, sign and date)

**FOR:** \_\_\_\_\_  
**(name of student)**

**SIGNATURE:** \_\_\_\_\_  
**(if under 18, parents or legal guardian must sign)**

**PRINTED:** \_\_\_\_\_  
**(name of responsible party signing)**

**DATED:** \_\_\_\_\_