

24235 Harper Ave. St. Clair Shores, MI 48080 / (586) 445-6753 / info@theturningpointe.org

**The Turning Pointe 2025-2026 Waiver of Liability,**

**Hold Harmless Agreement, and Social Media Advertising Consent Form**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read carefully and initial the following policies and agreements…**

\_\_\_\_\_\_ I have given all special medical information on the separate medical release form for my child.

\_\_\_\_\_\_ I give my permission for The Turning Pointe to use any or all photos and videos taken at the studio or at any performances for publicity, advertising, or social media purposes, including use on the studio website.

\_\_\_\_\_\_ I, the undersigned, recognize and understand the risks of physical injury inherent to dance training and all physical workouts, both in class and on stage. I fully assume all risk on behalf of the student named above.

\_\_\_\_\_\_ I hereby release The Turning Pointe and their officers, agents, employees, and instructors from all liability for injuries sustained while attending or participating in The Turning Pointe’s classes, events, performances, or competitions.

\_\_\_\_\_\_ I hereby release The Turning Pointe and their officers, agents, employees, and instructors from liability due to loss or damage to mine or my child’s personal property while attending or participating in The Turning Pointe’s classes, events, performances, or competitions.

\_\_\_\_\_\_ In case of severe illness, injury, or medical emergency, and in the event that I am unable to be reached, I hereby authorize The Turning Pointe’s staff to make necessary arrangements to transport my child to a medical facility as necessary. All such transportation and medical treatment will be at the parent’s sole expense.

Parent/Guardian Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_