

EXAMPLE DOCUMENT



HARKNESS CENTER
FOR DANCE INJURIES

Name:	<hr/>		
	First	Last	
Address:	<hr/>		
	Street	Apt #	
	<hr/>		
	City	State	Zip
Telephone #s:	<hr/>		
	Home	Cell	
Email address:	<hr/>		
<input type="checkbox"/> Please include me on your mailing list			

ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

I, the undersigned, assume all responsibility for and all risk of damage or injury that may occur as a result of my own actions, inactions, or negligence, or that of others as a client of the Harkness Center for Dance Injuries, of the NYU Langone Orthopedic Hospital. In consideration of and as part of payment for the right to participate as a client of Harkness Center for Dance Injuries, of the NYU Langone Orthopedic Hospital, I will hold harmless and release and discharge all rights and claims for damages that I may have or that may hereafter accrue to me against Harkness Center for Dance Injuries, of the NYU Langone Orthopedic Hospital, NYU Langone Hospitals, NYU Langone Health System and NYU School of Medicine, its owner, employees and agents for any and all injuries resulting from or arising out of, or incident to, my use of a Harkness Center for Dance Injuries, of the NYU Langone Orthopedic Hospital studio or location of instruction or facilities and equipment in such place, or as a result of, or incident to, engaging in Harkness Center for Dance Injuries, of the NYU Langone Orthopedic Hospital exercises or otherwise following Harkness Center for Dance Injuries, of the NYU Langone Orthopedic Hospital instructions anywhere. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all my members of my family.

I have read, understand, and signed the foregoing assumptions of risk and release of liability agreement.

Print Name: _____

Signature: _____ Date: _____

Signature of Parent/Guardian (if less than 18 years old): _____ Date: _____

Witness: _____ Date: _____