Date Received: _____

Received By: _____

DAKOTA SPIRIT, LLC - Private Lessons

Please complete and return to Dakota Spirit

Student's Name _____ Age _____ Date of Birth _____ Phone: _____

Parent/Guardian Name _____ Email: _____

Address_____ City _____State_____ Zip_____

Please indicate: ☐ Member ☐ Non- Member ($40 per half hour, $65 for full hour)

STUDENT INFORMATION

Family Doctor's Name _____ Doctor's Phone Number _____ Allergies _____

Please list all current & previous illness or injuries: _____

Current or past medical history: _____

1. I, _____, legal guardian/parent fully understand that I am responsible for payment of expenses incurred relating to my child's medical treatment as a participant in the activities of **Dakota Spirit, LLC.**
2. I certify that Minor is physically capable and has no previous injuries that will affect participation in Dakota Spirit, LLC.
3. I hereby have been forewarned that participation in **Dakota Spirit** has the following non-exhaustive list of particular risks and injuries including but not limited to: sprains, strains, abrasions, dislocations, fractures, concussion, contusions, blisters, head and neck injuries, illness, and possible death.
4. Having been forewarned, I assume all risk and full responsibility in connection with **Dakota Spirit** and hereby release all instructors, staff, volunteers, practice and performance facilities, and others involved with **Dakota Spirit** from any injury that may befall my child. I am willing to accept these risks to participants of **Dakota Spirit**.
5. I understand that **Dakota Spirit** strives to provide the maximum in safety precaution & student training.
6. I give permission for any medical treatment necessary in the event of illness or injury at any event we participate in with **Dakota Spirit**. This includes emergency transportation.
7. I fully accept and assume all risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.
8. I the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity
9. I hereby release, discharge, and covenant not to sue **Dakota Spirit, LLC**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein, from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of, but not limited to, administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors including negligent rescue operations and **future** agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.
10. I grant permission for my child to be photographed, videotaped, or interviewed for the website, publications or press.

_____ _____ _____

Signature of Parent/or Legal Guardian Phone Number Date

EMERGENCY CONTACT: Name_____ Relationship _____ Phone Number_____

Dakota Spirit - ONE TEAM, ONE SPIRIT

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