

WAIVER AND RELEASE OF LIABILITY for Karen Hogan and GALLIOPE, LLC

****1. Acknowledgment of Risks:****

I, the Parent/Guardian of the Minor, acknowledge that participation in dance classes offered by Galliope, LLC involves inherent risks, including but not limited to physical injury, emotional distress, and potential harm. I understand that these risks may arise from various activities, including but not limited to dancing, stretching, and physical interactions with instructors and other participants.

****2. Release of Liability:****

In consideration of the Minor's participation in the dance classes, I hereby release, waive, discharge, and covenant not to sue Galliope, LLC, its owners, instructors, employees, agents, and affiliates (collectively referred to as "Released Parties") from any and all claims, liabilities, damages, or losses arising from or related to any injury, whether physical or emotional, that may occur as a result of the Minor's participation in the dance classes.

****3. Indemnification:****

I agree to indemnify and hold harmless the Released Parties from any claims, damages, or expenses, including attorney fees, arising from any injury to the Minor while participating in the dance classes.

****4. Medical Treatment:****

In the event of an injury or medical emergency, I give permission for the Released Parties to seek medical treatment for the Minor. I understand that I am responsible for any medical expenses incurred as a result of such treatment.

****5. Governing Law:****

This Waiver shall be governed by and construed in accordance with the laws of the state of Wyoming.

****I have read this Waiver and understand its contents. I am aware that by signing this document, I am giving up certain legal rights on behalf of the Minor.****

This Waiver and Release of Liability ("Waiver") is executed on this ____ day of _____, 2025, by the undersigned ("Parent/Guardian") on behalf of the minor child ("Minor") named below

****Signature of Parent/Guardian:** _____

****Address:** _____

****City:** _____ **State:** Wyoming **Zip:** _____

****Contact Number:** _____

****Printed Name:** _____

****Date:** _____

**Name of Minor Child/Student: _____