

LIABILITY RELEASE AGREEMENT

I, in consideration of my Child's participation in an event or program sponsored by the Klohverleaf Dance Academy, LLC, herein referred to KDA, I, on behalf of my Child, understand and expressly assume all risks involved in connection with cheer and dance instruction, rehearsal, training, and performance with KDA, whether in person or through remote learning via the internet, including but not limited to risk of bodily injury occurring as a result of contact with other students, instructors, walls, equipment, floors, structural poles, and other objects located in or near dance studios or in any location at which cheer, dance instruction, rehearsal, training, or performance is taking place. I warrant that my Child is physically fit and able to participate in all activities involved in cheer and dance instruction, rehearsal, training and performance and assume the risk of such.

I hereby expressly RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE KDA and its officers, owners, servants, agents, volunteers, contractors, instructors and employees (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my Child, or to any property belonging to me or my Child, while participating in the activity, or while on or upon the premises where the event is being conducted, now known or hereafter known. I covenant not to make or bring any such claim against KDA or any other Releasee, and forever release and discharge KDA and all other Releasees from liability under such claims. It is my express intent to release and hold harmless the members of my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above named RELEASEES. I hereby consent to receive medical treatment deemed necessary if my Child is injured or requires medical attention during her/his/their participation in the activity. I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation. I hereby release, forever discharge, and hold harmless KDA from any claim based on such treatment or other medical services. This Release constitutes the sole and entire agreement of KDA and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Release or invalidate or render unenforceable such term or provision in any other jurisdiction. This Release is binding on and shall inure to the benefit of KDA and me and their respective successors and assigns. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Maryland without giving effect to any choice or conflict of law provision or rule (whether of the State of Maryland or any other jurisdiction). Any claim or cause of action arising under this Release may be brought only in the federal and state courts located in Howard County, Maryland and I hereby consent to the exclusive jurisdiction of such courts.

I ACKNOWLEDGE THAT I AM 18 YEARS OLD OR OLDER, THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY RELINQUISHING THE AFOREMENTIONED LEGAL RIGHTS.