



**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
THE DANCE PROJECT, INC.**

Student's Name: _____ Birthday: _____

Parent or Legal Guardian's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

List any medical conditions, allergies, chronic illness or other conditions:

Any adverse reaction to any drugs? YES / NO (circle one)

If YES, list drugs and reactions: _____

I/we hereby assume all of the risks of participating in activities or events associated with The Dance Project, Inc. including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I/we certify that I/we are physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional.

I/we certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I/we hereby release any and all rights or claims for damages against The Dance Project, Inc., its instructors, faculty, volunteers, and all individuals assisting in the instructing and conducting of any activities, from all liability of any nature, for any and all injuries, loss of damages, direct or indirect, suffered by me at or in any way connected with these activities.

I/we further understand that there are specific risks of physical or property damages, losses, or injury that may result from participation with The Dance Project, and I voluntarily assume the risks associated with such participation.

I/we understand that if I/we are injured or property is damaged or stolen while participating at The Dance Project, Inc., that the injury or loss will not be covered or reimbursable by The Dance Project, Inc., its instructors, faculty and volunteers.

I/we hereby consent to first aid, emergency medical care, and admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I/we may have sustained while participating in any activities associated with The Dance Project, Inc.

ASSUMPTION OF THE RISK RELATNG TO COVID-19/CORONAVIRUS

The novel Coronavirus, COVID – 19, has been declared a worldwide pandemic by the World Health Organization. COVID – 19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, Federal, State, and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

I/we are fully aware of the current pandemic and the inherent risks involved.

The Dance Project, Inc. has put in place preventative measures to reduce the spread of COVID – 19; however, The Dance Project, Inc. cannot guarantee anyone from becoming infected with COVID – 19. Further, like any public place, this could increase your risk of contracting COVID – 19.

By signing this agreement:

_____ (initial) I/we acknowledge the contagious nature of COVID – 19 and voluntarily assume the risk that I may be exposed to COVID – 19 by visiting or coming on to The Dance Project property. Such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

_____ (initial) I/we understand that the risk of becoming exposed to or infected by COVID – 19 at The Dance Project may result from the actions, omissions, or negligence of myself and others, including but not limited to, The Dance Project faculty, volunteers, and program participants and their families.

_____ (initial) I/we voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself for, including but not limited to; personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in my connection with my attendance or presence at The Dance Project or participation in The Dance Project's events, etc.

_____ (initial) I/we hereby release, covenant not to sue, discharge, and hold harmless The Dance Project, its faculty and representatives, of and from claims, including liabilities, actions, damages, costs or expenses of any kind arising out of relating thereto.

_____ (initial) I/we understand and agree that this release includes any claims based on the actions, omissions, or negligence of The Dance Project, its faculty, representatives, volunteers, and the like, whether COVID – 19 infection occurs before, during, or after participation in any Dance Project program, event, show, performance, and/or the like

_____ (initial) I/we voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my dancer, including but not limited to; personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I may experience or incur if and when I wear a mask at The Dance Project or participate in The Dance Project's events, etc.

PHOTO & VIDEO RELEASE

I/we hereby grant The Dance Project, Inc. the right to use and re-use, publish and re-publish photographs or videos, in whole or in part, individually or in conjunction with printed matter, for editorial, commercial, and promotional purposes. I waive my right to inspect or approve any copy that is used in connection with the photograph, or any printed matter, and discharge The Dance Project, Inc. from any and all claims arising from the purposes described above, including any claim for libel and invasion of privacy.

_____ (initial here) I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Parent/Guardian

Date

Signature of Participant (18 years of age or older)

Date