

New Vision Dance Company Winter Workshop registration – February 24, 2019

Name of participant _____ Age _____ Birthdate _____

Contact Email _____

Address _____

City _____ State _____ Zip _____

Emergency contact _____

Cell phone# _____

_____ Int/Adv dancers ages 10-Adult 8:30am – 1pm \$50

Acknowledgement of Risk, Waiver of Liability, and Media Release Form

I agree and acknowledge as follows:

1. Acknowledgement of Risk. By its very nature, dance training and performance is demanding on the body and carries a risk of injury. I acknowledge and understand that (a) risks and dangers exist in participation in such activities and (b) participation in these activities may result in injury. I accept this risk.

2. Waiver of Liability. In consideration of the opportunity given to me to participate in New Vision Dance Company’s programs, dance classes and/or performances (the “Activities”), I hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in such Activities and do hereby release and forever discharge New Vision Dance Company, its officers, board members, employees, volunteers, and agents from any liability, costs or expenses, for any accident, injury or death or any theft or loss of property arising out of or in connection with participation in such Activities, whether incurred as a result of negligence or otherwise.

3. Covenant Not to Sue. I hereby covenant and agree that I will never institute any action or claim against New Vision Dance Company and/or its officers, board members, employees and/or volunteers with respect to any and all present and future claims released under Section 2 hereof.

4. Media Release. I hereby grant New Vision Dance Company and its officers, board members, employees, volunteers and agents the right to take photographs or other recordings of me (or if the participant is a minor, of the participant) in connection with the Activities. I authorize New Vision Dance Company, its successors, assigns and transferees to use or publish the same in print and/or electronically and to register the copyright to the photographs. I agree New Vision Dance Company may use such photographs and recordings for advertising, publicity, commercial or other business purposes without any further notice or consent.

I have read and understand this Acknowledgment of Risk, Waiver of Liability, and Media Release Form and signed this Form of my own free will.

Signature of Adult Participant _____ Date: _____

Print Name: _____

-OR-

If the Participant is a Minor (under 18 years of age):

Print Name of Participant: _____ Participant’s Date of Birth: _____

Print Name of Parent Guardian: _____

Signature of Parent/Guardian: _____ Date: _____