

Dogwood Dance Youth Ensemble Participation Liability Waiver

Participation in the Dogwood Dance Youth Ensemble involves activities which are, by their nature, physically demanding. Therefore, all participants must notify Dogwood Dance Project of any/all medical or physical conditions which might create undue risk to themselves or others who depend on them. If there is any doubt about your ability to safely participate in the Ensemble, you should have a physical examination by a physician. We may require physicians consent as a precondition for participation dependent on the information provided.

Please list any physical conditions, past injuries or other limitations that could affect your participation in any way:

Please list your emergency contact below:

Name:

Relation:

Phone #: (h) (c)

Please verify that you are covered by medical/accident insurance, and will not hold Dogwood Dance Project responsible for covering you by initialing below:

_____ (dancer initial) _____ (parent/guardian initial)

The undersigned here with formally acknowledges and declares the following:

I understand that participation in the Dogwood Dance Youth Ensemble may result in injury/illness or physical impairment. These injuries may be minor, major or career threatening. I understand that Dogwood Dance Project and any of its company members, teachers, choreographers or host studio spaces and studio owners will not be held responsible for any injuries or conditions that may be caused by the actions of other Dogwood dancers, teachers or choreographers, studio spaces or studio owners. I understand and agree that situations may arise during rehearsal and performance which are beyond the control of Dogwood Dance Project or any of its company members, teachers, choreographers, studio spaces, studio owners or other Youth Ensemble participants. I release, forever discharge and agree not to sue Dogwood Dance Project nor any of its company members, teachers, choreographers, studio spaces, studio owners or other Youth Ensemble participants. I hereby waive all such claims, which I have or may hereafter have against the aforementioned parties.

_____ (dancer initial) _____ (parent/guardian initial)

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with participation in the Dogwood Dance Youth Ensemble. With these demands in mind, I have no physical or medical condition that which, to my knowledge, would endanger myself or others if I participate, or would interfere with my ability to participate.

_____ (dancer initial) _____ (parent/guardian initial)

I understand that there are certain inherent risks involved in participating in any type of dance activity. I acknowledge the fact that these risks exist and I am willing to assume responsibility for any and all such risks while participating in the Dogwood Dance Youth Ensemble. I also agree to the following:

1. Voluntarily assume all risks associated with my participation in these activities.

_____ (dancer initial) _____ (parent/guardian initial)

2. Accept that Dogwood Dance Project and its company members, teachers, choreographers, studio spaces and studio owners are not to be held responsible for any pre-existing medical conditions I may have.

_____ (dancer initial) _____ (parent/guardian initial)

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS.

Printed Dancer Name: _____ Date: _____

Signature: _____

Printed Parent/Guardian Name: _____ Date: _____

Signature: _____

Transportation Addendum

As a member of Dogwood Dance Youth Ensemble, I recognize that I will have rehearsal/performances in one or more of the following locations:

- Gordonsville, VA
- Charlottesville, VA
- Richmond, VA
- Prince George, VA
- Chesapeake, VA
- and beyond.

_____ (dancer initial) _____ (parent/guardian initial)

As a Youth Ensemble participant, you will be given the opportunity to receive rides from Dogwood Dance Project company dancers. Dogwood Dance Project (including but not limited to Ilana Burger, Jason Sandahl, Ashley Tucker Kisamore, Nicole Fiorella, Sarah Lokitis, and Lisa Perkinson) acknowledges responsibility for automobile insurance during any times that a Youth Ensemble dancer is in any of the aforementioned party's vehicles.

By signing below you acknowledge that driving is an inherently risky activity that could result in injury or death.

I release, forever discharge and agree not to sue Dogwood Dance Project (including but not limited to Ilana Burger, Jason Sandahl, Ashley Tucker Kisamore, Nicole Fiorella, Sarah Lokitis, and Lisa Perkinson) if accepting rides to rehearsals or performances. I hereby waive all such claims, which I have or may hereafter have against the aforementioned parties.

_____ (dancer initial) _____ (parent/guardian initial)

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS.

Printed Dancer Name: _____ Date: _____

Signature: _____

Printed Parent/Guardian Name: _____ Date: _____

Signature: _____