

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**  
**Grace City Dance- July 20, 2020 through July 20, 2021**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, 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 certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for any illness (ex: communicable diseases such as MRSA, influenza and COVID 19) or accident which could result in personal injury, disability or death. I waive, release and discharge from any and all liability concerning property damage, property theft, or actions of any kind which may hereafter occur to me including Grace City Dance, Grace Presbyterian Church, Carroll Thompson or any volunteers or teachers hired by Grace City Dance.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that this activity or event may involve a test of a person's physical fitness and may carry with it the potential for serious injury. The risks may include, but are not limited to, those caused by facilities, temperature, weather, condition of participants and actions of other people.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used by my permission.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

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Print Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

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Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE(Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE(Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_