Florida State University School of Dance

LIABILITY RELEASE FORM FOR
THE 2016 YOUNG DANCER’S WORKSHOP &/OR 2016 SUMMER AUDITION

For dancers under 18 years of age:
As a parent or guardian of the minor child named ____________________, I hereby give my permission for my child to participate in the Workshop for Young Dancers and/or the Audition for the 2016 Summer Workshop to be held in Montgomery Hall on the FSU campus, Saturday, January 30 and Sunday, January 31, 2016. By doing so I assume knowledge of the risks associated with dance training and hereby waive and release liability for any accidents or injuries that may occur during the normal course and scope of dance training, including ballet, modern dance, hip hop and jazz. I WILL NOT HOLD THE SCHOOL OF DANCE OR FLORIDA STATE UNIVERSITY OR ANY MEMBER OF ITS FACULTY OR STAFF LIABLE FOR ANY INJURIES RECEIVED WHILE IN CLASS OR ON THE PREMISES.

___________________________________
Signed by participant’s parent or guardian

___________________________________
Signed by participant

For dancers or observers over 18 years of age:
I, ____________________, as a participant in the Workshop for Young Dancers to be held in Montgomery Hall on the FSU campus, Saturday, January 30 and Sunday, January 31, 2016, assume knowledge of the risks associated with dance training and hereby waive and release liability for any accidents or injuries that may occur during the normal course and scope of dance training, including ballet, modern dance, hip hop and jazz. I WILL NOT HOLD THE SCHOOL OF DANCE OR FLORIDA STATE UNIVERSITY OR ANY MEMBER OF ITS FACULTY OR STAFF LIABLE FOR ANY INJURIES RECEIVED WHILE IN CLASS OR ON THE PREMISES.

___________________________________
Signed by participant

ALL participants:
As the undersigned listed above, I further acknowledge that there are no medical or other conditions which may adversely affect the participant’s (minor or over 18) participation in the workshop and have disclosed all pertinent medical information (i.e., asthma, past injuries, etc. as follows: (Write “none” or describe conditions on a separate sheet and attach to this form.)

SIGNED BY

___________________________________
FOR ALL PARTICIPANTS

___Yes ___No I agree to the recording and free use of my image for promotional and archival purposes of future workshops at Florida State University.

PLEASE LIST A NAME AND CONTACT NUMBER IN CASE OF AN EMERGENCY

NAME:__________________________________ PHONE # ____________________________