

## **Dance WV Inc. Child Liability Release**

I, the undersigned parent/guardian of \_\_\_\_\_, who is attending the Festival with \_\_\_\_\_ (studio) upon signing this agreement, do hereby acknowledge that the activities that I have requested my child to participate in may be stressful on the body and carry with them the risk of physical injury. I assume the risk and agree that Dance WV and Cedar Lakes Convention Center, directors, owner or faculty and any chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during attendance at the festival, any of its related functions, as a participant or an observer on or off the premises.

### **COVID Risk Acceptance**

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in any Dance WV activity including festival attendance. By attending this event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (10) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others; or
2. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

I as parent/guardian acknowledge and understand the following: Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19 and; I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties.

### **Medical Release**

I give permission for my child to receive any necessary emergency medical care. My child is covered by my own family health insurance. It is understood that my own health insurance policy will be the only source of payment for any medical services, out of pocket expenses and pain and suffering that may be incurred or result from treatment due to an injury. I agree to indemnify Dance WV and save it harmless against any and all liabilities, including judgments, costs and reasonable attorney fees associated with any such services or expenses.

### **Media Release**

I understand that Dance WV from time to time, may produce promotion material about its programs. I understand that as a participant, my child may be included in video or photographs taken during the festival. I hereby grant to Dance WV, its successors, assignees, licensees, sponsors and television networks and all other commercial exhibitors, the exclusive right to photograph and/or video tape participant and further utilize their name, face, likeness, voice and appearance, as part of the program, and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that Dance WV is under no obligation to exercise any of its rights, licenses and privileges herein granted by participants.

### **Personal Conduct**

I realize that my child is expected to have the maturity and the willingness to adhere to all Festival policies governing rules of personal conduct, class participation, meal-time schedules, recreational activities, and curfews. Students are expected to act appropriately at all times and to treat themselves, their peers, faculty, chaperones, and festival grounds with respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_