

## Dance WV Inc. Adult Liability Release

I, \_\_\_\_\_, am attending the Festival with \_\_\_\_\_ (studio/individual). Upon signing this agreement, I do hereby acknowledge that the activities that I have requested 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 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 Treatment Release**

If I should become injured and/or ill, I agree and consent to receive any medical care deemed necessary, including any emergency medical care required. 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**

From time to time, Dance WV, Inc. may produce promotional material(s) about its program(s), event(s), and/or venue(s). As a participant, I agree and consent to be included in any video recording, audio recording, synchronized recording, photographs, and/or other similar image-capture performance(s) as part of the Dance WV Fall Festival. Accordingly, I hereby grant the right to record and/or capture my name, image, likeness, and/or voice to Dance WV, Inc. and its successors, assignees, licensees, sponsors, and/or to any invited media reporting organization or platform, and all other commercial exhibitors, whereby each grantee of such right has the exclusive right to record such performance(s) and/or participation via video recording(s), audio recording(s), photograph(s), and/or aggregation of such as part of a compilation, compendium, and/or collective work. Dance WV, Inc. has the right to use such name, image, likeness, and/or voice images and/or recordings for promotional material that promotes and/or advertises the program(s), event(s), and/or venue(s), without reservation or limitation. In granting this license, I understand that Dance WV, Inc. is under no obligation to exercise any of its rights, licenses, and privileges herein granted by participant(s).

### **Personal Conduct**

I agree and consent to be held to an expectation of professionalism and maturity. Accordingly, I agree and consent to follow and to all Dance WV Festival policies, rules, and/or procedures governing rules of personal conduct, class participation, meal-time schedules, recreational activities, and curfews. Dance WV participants are expected to act appropriately at all times and to treat themselves, their peers, students, chaperones, and festival grounds with respect.

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

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

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

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