

# THE ACADEMY of Gregory Hancock Dance Theatre

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## WAIVER OF LIABILITY FORM

Each student, or the parent/guardian if student is under 18, MUST initial each statement after reading. If you have questions, please refer to the faculty.

- VOLUNTARY PARTICIPATION.** As an Academy of Gregory Hancock Dance Theatre (AGHDT) student or parent/guardian of an AGHDT student, I have voluntarily chosen and/or requested my minor child to participate in the dance training offered by The Academy of Gregory Hancock Dance Theatre and that I (and/or my minor child) am/are under no obligation to continue such dance training. While I (or my minor child) am/is studying at AGHDT, I/we agree to attend class regularly and on time and practice class material. \_\_\_\_\_
- ASSUMPTION OF RISK.** Dance training and related activities carry certain risks that can result in injury, both minor and major. I voluntarily assume and accept all risks and potential hazards involved in dance training and related activities provided by AGHDT. I understand that I am strongly advised to obtain comprehensive medical insurance prior to engaging in this activity. \_\_\_\_\_
- RELEASE.** In consideration of the opportunity afforded me (my minor child) to participate in the dance training offered by AGHDT, I am waiving the right to file any claim or lawsuit against AGHDT, its employees, members, officers, directors, agents or representatives for any injury or damage resulting from my (or my minor child's) participation in this dance training or all related activities, at the Academy of GHDT and any other venue where activities are scheduled, including, but not limited to, claim of injury, damage to facility, equipment, supervision, including negligence or acts of omission by AGHDT its employees, members, officers, directors, agents or representatives. \_\_\_\_\_
- KNOWING AND VOLUNTARY EXECUTION.** I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a promise not to sue AGHDT or its employees, members, officers, directors, agents or representatives and I sign this agreement of my own free will. I have read and understood the school policies of AGHDT and I will abide by these policies. \_\_\_\_\_
- INTEGRATED AGREEMENT.** This Waiver of Liability supersedes and replaces all previous agreements between parties concerning this event, whether written or oral. \_\_\_\_\_
- TREATMENT AUTHORIZATION.** The undersigned hereby authorizes The Academy of Gregory Hancock Dance Theatre (AGHDT) to make arrangements for and obtain any type of emergency medical treatment whatsoever for the student, which in AGHDT's sole opinion, is or may be necessary or appropriate for the student. The undersigned hereby releases AGHDT from and agrees to indemnify and hold AGHDT harmless from and against any claims, damages, suits, costs, or expenses incurred relative to any emergency medical treatment provided to the student or arranged for the student's benefit by AGHDT. \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

If student is under 18, parent/guardian must sign below.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_