



**WAIVER & RELEASE OF LIABILITY FORM**

(PLEASE PRINT)

Participant's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Legal Guardian's Full Name: \_\_\_\_\_ Date \_\_\_\_\_

I HEREBY ASSUME all of the risks of participating in Tooele Valley Academy of Dance activities and events, 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 and I certify there are no health-related reasons or problems which preclude participation by myself or said participant.

I WAIVE, RELEASE and DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of Tooele Valley Academy of Dance and/or their directors, officers, managers, employees, volunteers, representatives, agents and instructors (hereafter listed as "TVAD") for my/my child/my charge's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur including traveling to and from event(s). I further waive, release and discharge TVAD from any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of intensives, private instructions, classes, choreography or other related TVAD activities.

I INDEMNIFY, HOLD HARMLESS and promise not to sue TVAD understanding the risks and possible results of participation, whether caused by negligence, accident or otherwise and agree this accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY that I have READ THIS DOCUMENT and FULLY UNDERSTAND ITS CONTENT. I am AWARE that this is a RELEASE OF LIABILITY and a CONTRACT. I sign for myself and/or any minor's/charges I have custody over which may participate & are listed above, acknowledging that I HAVE AUTHORITY TO ACT ON BEHALF OF THE MINOR PARTICIPANT(S) LISTED ABOVE & AM THUS ACTING ON THEIR BEHALF:

Signature of Minor's Parent/Guardian: \_\_\_\_\_

Signature of Adult Participant (if applicable): \_\_\_\_\_

**I further agree to the following (please initial)**

\_\_\_\_\_ Dancer Symptom Check/Questionnaire prior to each lesson

\_\_\_\_\_ Board of Director Specific Procedures & Directives given to adhere to the State of Utah's Recommendations & Health Department guidelines