**Downtown Bend Business Association** **Dance Crew**

**Liability Waiver** **and** **Acknowledgment of Risk**

I understand and agree that participating in any dance lesson, class, workshop, rehearsal, or performance carries with it the possibility of physical injury. I certify that I am aware of my (or my participating child’s) physical limitations and agree not to exceed them. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident which might occur to me (or my child) during any of Downtown Bend Business Association Dance Crew (“DBDC”) lessons, rehearsals, performances, or activities.

I also exempt, release, and indemnify DBDC, Downtown Bend Business Association and its directors, officers, employees, volunteers, representatives, assistants, agents, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any disability, personal injury or death to me or my children, any property damage, property theft, loss, or actions of any kind which may arise out of or in connection with participation in any classes or activities conducted by Downtown Bend Business Association and DBDC. I further hereby voluntarily agree to waive my rights and that of my heirs, next of kin and assigns to hold any of the entities or persons specified in this paragraph liable for such damage, loss, injury, or death.

I consent to receive medical treatment for myself (or my participating child) that may be deemed advisable in the event of injury, accident, and/or illness that may arise during the such activities.

I understand that I (or my participating child) may be photographed during performances, activities, and rehearsals. I agree to allow my (or my participating child’s) photo, video, or film likeness to be used for any legitimate purpose by DBDC, Downtown Bend Business Association, event holders, producers, sponsors, organizers and/or assigns.

If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I hereby certify that I have read this document and I understand its content.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Nam*e (if 17 years and younger)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name and Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**