

Dayley Dance Academy NW LIABILITY RELEASE

"Releasees": Swell Events DBA Dayley Dance Academy NW, administrators, instructors, independent contractors, employees, choreographers, photographers, videographers, Washougal Town Square, and affiliates on whose premises we use.

I _____, ("Parent") as parent or legal guardian of _____, ("Participant") a minor hereby grant permission necessary to allow participation in dance or specialized movement instruction with Dayley Dance Academy NW and/or Releasees, working with at the site of instruction. I, in my own behalf and on behalf of Participant, further agree to release and to hold harmless Releasees from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost, and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with Releasees, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Participant may incur or sustain during instruction or performance, or any and all other events related to participation, including travel to and from the site of instruction or performance. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

Medical Release

I, in my own behalf and on behalf of Participant, acknowledge and agree that such participation subjects Participant to possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of Participant, acknowledge Participant is assuming the risk of such illness or injury by participating in instruction and performance. In the event of such illness or injury, I authorize Dayley Dance Academy NW Administrators, Instructors, Choreographers, to obtain the necessary medical treatment of Participant and hereby, in my own behalf and on behalf of Participant, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Participant for any illness or injury that Participant may sustain during instruction or performance and while traveling to and from the site of the instruction or performance.

****Initial _____** I have read the above information and understand and agree to the terms

Facility Damages

I, in my own behalf and on behalf of Participant and on behalf of all invitees do acknowledge and agree that any damage or vandalism, whether intentional or accidental to the facility and or common areas around facility ("Facility") at site of instruction or performance caused by Parent, Participant, or Invitee incurring repair costs will be assessed charges for immediate payment and I agree to pay such damages if Facility use is compromised or damages result from neglect or misbehavior, either accidental or intentional.

Loss of Property I, in my own behalf and on behalf of Participant and on behalf of all invitees ("Personal Property Owner"), acknowledge & agree that Releasees cannot be held responsible for loss of personal property ("Personal Property"). It is possible that a loss to the Personal Property could occur due to theft, damage (willful or otherwise), fire, water damage, failure of systems or many other man-made or natural causes and occurrences, and that should any such loss occur, the Personal Property Owner will hold the Releasees harmless for the loss and will not consider the Releasees responsible for said loss nor will the Personal Property Owner seek to recover damages from the Releasees for said loss.

I, in my own behalf and on behalf of Participant and on behalf of all invitees, hereby warrant I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Participant and on behalf of all invitees, am aware this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Participant and on behalf of all invitees, have signed this document voluntarily and of my own free will.

Parent Signature _____ Date _____