

Culver City English Country Dance General Waiver Form
MEDICAL, LIABILITY, AND PHOTO RELEASE FORM

PLEASE PRINT

Participant name: _____ **(Age if minor):** _____

Email: _____ **Phone:** _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

I, the undersigned participant (or parent/guardian if the participant is a minor), do hereby choose to participate (or have my child participate) in the dance program or other events produced by Culver City English Country Dance (CCECD) under the auspices of the California Dance Co-operative (CalDanceCoop.org). I further acknowledge and understand that by participating in the event, there is a possibility that the participant may sustain physical injury or illness in connection with their participation. I further acknowledge and understand that I am assuming the risk of such physical injury or illness by this participation. I further hold CCECD, event locations, event management personnel (event instructors, coordinators, and volunteers), and Cal Dance Co-op harmless against all damages, claims, liabilities, expenses, or judgments, including attorney's fees and court costs, arising out of participation in this event.

Furthermore, I acknowledge and understand that failure to observe the instructions of event management can increase the risk of physical harm to myself or others. I understand that violation of any event or venue rules as laid out by event management can result in dismissal from the event and future events hosted, sponsored, or otherwise related to event management or their affiliates. (As a parent/guardian of a participating minor, I will be responsible for their behavior during the event.)

I understand that in the unlikely event of an injury or illness during the events, if the participant is incapacitated or otherwise unable to make a decision regarding medical care, unless circumstances require, or seem to event management to require, immediate medical emergency care, there will be an attempt to notify the emergency contact at the phone number below prior to seeking medical treatment for me or my child for such injury or illness. I hereby hold event management harmless for their good faith decisions in seeking or not seeking medical care for injuries or illness that I or my child may sustain during the event. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on my behalf for physical illness or injury that my child or I may sustain during the event.

PHOTO/VIDEO RELEASE POLICY: I understand that photographs and video of event participants may be used by CCECD and California Dance Co-operative in future online or print-media publicity. However, participant names will not be used unless a CCECD representative has obtained prior consent from the adult participant (or minor's parent/guardian). If I want to avoid being photographed, then I accept responsibility to stay out of any area that is being photographed.

Participant (or parent/guardian) signature

Date

(Parent/Guardian signature)

Date

Emergency contact name

Emergency contact number(s)