

LIABILITY RELEASE STATEMENT

IN CONSIDERATION of the Student's participation in the Great Lakes Arts & Dance Program, located at 539 Ashmun Street, Sault Ste. Marie, the Student and the Student's Parent or Legal Guardian, hereinafter referred to as the "UNDERSIGNED", hereby release the Great Lakes Arts & Dance Program, its staff and faculty, successors and assigns; from all claims for damages arising out of any injury incurred by student's participation in the Great Lakes Arts & Dance Program, whether arising directly or indirectly from such participation in said program.

THE UNDERSIGNED acknowledges the physical disabilities, if any, as set out in the Medical Statement to be true to the best of their knowledge and that there are no medical reasons to the best of their knowledge that would not allow the Student to participate in all or any of the activities of the above named program.

THE UNDERSIGNED hereby agrees that no claim for negligence will be pursued against Great Lakes Arts & Dance, its officers, agents, employees, and volunteers in connection with any injury arising out of the Student's participation in the Great Lakes Arts & Dance Program.

THE UNDERSIGNED hereby acknowledge that the program participants may be photographed or videotaped for project historical records or newspaper articles, etc. and do hereby give permission for public release of these videos and/or photos.

THE UNDERSIGNED hereby acknowledge that learning dance is a strenuous physical activity and there will be times when the instructor will touch students' bodies (only appropriate touch) in the process of providing training.

THE UNDERSIGNED PARENT/GUARDIAN further agrees to defend, indemnify, and hold harmless, Great Lakes Arts & Dance, its officers, agents, employees, and volunteers from all loss, cost and expense arising out of any liability or claim of liability for bodily injury, personal injury, property damage, or wrongful death, sustained or claimed to have been sustained, arising from my child's participation in Great Lakes Arts & Dance Program.

THE UNDERSIGNED acknowledges the reading of the above and foregoing statements and fully understands the nature and consequences thereof.

DATED AT: _____, *MI, THIS DAY OF* _____, 20_____.
(city/town) *(day and month)* *(year)*

Signature of student

Please PRINT name of student

Signature of Parent or Guardian

Please PRINT name of Parent or Guardian