



Waiver for Friday, May 3 & Saturday, May 4, 2024

Participant's Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: ()

Evening Phone Number: ()

Name of Parent or Legal Guardian: _____

Dance School/Studio Name: _____

Code of Conduct:

Participant agrees to:

- Be respectful of the master teachers, adjudicators, presenters, event staff, other dancers, and property of Grace Church.
- Arrive on time for all events.
- Refrain from talking or causing disturbances/disruptions during class time.
- Follow the dress code: please refrain from showing midriffs & do wear cover-ups and shoes when entering and exiting the building.
- Use quiet voices throughout the building.
- Not run when navigating the building.
- Not bring gum, food, candy, or pop into any of the dance spaces.
- Have a positive attitude & work hard!

Medical Release:

In the event of an emergency reasonable effort will be made to contact the parent/ guardian/ emergency person. If we are unable to reach the designated person, your signature below authorizes owners, directors and/or Cathedral Dance Festival, Selah Studios LLC staff or agents to seek medical treatment for your child. The parent or guardian signing below accepts full responsibility for said care and acknowledges that Cathedral Dance Festival and/or Selah Studios LLC shall not be responsible for the costs of any medical care provided.

Liability Release:

I, the undersigned, hereby waive for myself, my child, heirs, issue and assign all claims of liability against owners, directors, Cathedral Dance Festival, Selah Studios LLC, Grace Church, their instructors, employees, heirs and assigns.

Media Release:

I, the undersigned, hereby grant owners, directors, Cathedral Dance Festival, and/or Selah Studios LLC the right and permission to use any photographs or videos taken on Friday, May 3 and/or Saturday, May 4, 2024 for marketing in print and online. I understand that no personal information will be given with the photos. I also understand that no contact will be made by Cathedral Dance Festival, and/or Selah Studios LLC to any participants.

Signature of Parent or Guardian, relationship to child/ren and name/s of dancer/s

Date: _____

Medical & Emergency Information for PARTICIPANT:

Participant Birth date: / /

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the participant suffers from the following condition(s): _____

Emergency Contact Name: _____

Relationship to Participant: _____

Primary Phone: ()

Secondary Phone: ()

In the event of a medical emergency what is your preferred clinic, hospital, or urgent care facility in the Twin Cities? _____