

Waiver for Friday, May 1 & Saturday, May 2, 2020



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 and property of Grace Church; follow the dress code – no midriffs can be shown; arrive on time for all events; no gum, food, candy or pop allowed in any of the dance spaces; use quiet voices throughout the building; no running.

- Follow the dress code.
- **Must** wear cover-ups and shoes when entering and exiting the building.
- Respect teachers, assistants, and other dancers.
- Respect the Church's things and respect the church staff that is working during the day and evening.
- Use quiet voices throughout the waiting area.
- No gum, food, candy, or pop allowed on the dance floor at any time.
- Talking or disturbances during class time will not be allowed.
- 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, Cathedral School of the Arts 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 Cathedral School of the Arts 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 assigns all claims of liability against owners, directors, Cathedral Dance Festival, Cathedral School of the Arts, Grace Church, their instructors, employees, heirs and assigns.

Media Release:

I, the undersigned, hereby grant owners, directors, Cathedral Dance Festival, and/or Cathedral School of the Arts the right and permission to use any photographs or videos taken on Friday, May 1 and/or Saturday, May 2, 2020 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 Cathedral School of the Arts 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? _____