

OHIO DANCE MASTERS PARTICIPATION RELEASE AND PHOTO PERMISSION

(Must be signed by the parent or guardian of each participant, or if over 18 years of age, by the participant)

Teacher of Record: _____

By signing below, parents and guardians of students who are participating in any Ohio Dance Masters event acknowledge and agree to the following:

1) Medical Attention: I hereby give my consent to Ohio Dance Masters to provide, through a medical staff of its choice, customary medical / athletic training, transportation, and emergency medical services as warranted in the course of my participation.

2) Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with the participation in dance and acrobatic activities and events.

I further agree that Ohio Dance Masters, along with the officers and directors of this organization shall not be liable for any losses or damages occurring as a result of my/my child's participation in the event, except where such loss or damage is the result of intentional or reckless conduct of Ohio Dance Masters members.

3) Appearance: I understand that occasionally Ohio Dance Masters will photograph or record any participant to use for promotional purposes, and give my permission to Ohio Dance Masters to use such photographs and video recordings.

DANCERS NAME:

BIRTHDATE

SIGNATURE OF PARENT/GUARDIAN

Duplicate form as necessary