



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:

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 ODM members. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending ODM events and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at ODM events may result from the actions, omissions, or negligence including, but not limited to, ODM members, volunteers, participants and their families.

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

DANCERS NAME:

BIRTHDATE:

SIGNATURE OF PARENT / GUARDIAN:

[illegible]

DANCERS NAME:

BIRTHDATE:

SIGNATURE OF PARENT / GUARDIAN:

Duplicate form as necessary