



WAIVER AND RELEASE OF LIABILITY

All participants MUST complete this form. All workshop participants, students, including observers, must complete and sign this form before taking any classes, workshops, private lessons, with *Samba Colorado/Casa de Baile Traveling Studio*. If participant is under age 18, a parent or guardian must also sign this form. Admission to class will not be granted if this form is not received prior to take a class and must be properly signed.

I, _____, recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release *Samba Colorado/Casa de Baile Traveling Studio*, its affiliates dance studios, event sponsors, employees and dance teachers from all liability for injuries sustained or illnesses contracted by me while attending or participating in any dance classes or workshops. I agree to indemnify, defend, and hold harmless *Samba Colorado/Casa de Baile Traveling Studio*, its affiliate dance studios, event sponsors, employees and dance teachers for liabilities, costs and judgments arising from acts of omissions committed by me which result in injury or damage to any person or property.

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any Classes, Dance Workshops and Performances. I hereby release *Samba Colorado/Casa de Baile Traveling Studio*, its affiliate dance studios, event sponsors, employees and dance teachers from all liability for loss or damage to my personal property while attending or participating in classes or dance Workshops. I also agree to abide by any rules, regulations and policies set forth by *Samba Colorado/Casa de Baile Traveling Studio*. As a registered observer, I acknowledge and understand that individual Board/Faculty members may prohibit videography or the taking of photos in their classes or any events that I am admitted to. I agree that I will honor any such restrictions imposed and I will not hold *Samba Colorado/Casa de Baile Traveling Studio* responsible nor will I expect an adjustment or reduction in any fees I have paid or agree to pay.

In case of physical injury or medical emergency, I hereby authorize *Samba Colorado Dance Company* to make necessary arrangements to transport me or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if I am under 18 years of age, I understand that *Samba Colorado Dance Company* will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me.

Samba Colorado/Casa de Baile Traveling Studio reserves the right to use photographs, taken either in class or of students participating in class, events, and performances for the purposes of instruction, advertising and promoting *Samba Colorado/Casa de Baile Traveling Studio* and its programs. Students, or

parents of students who are minors, who do not wish to comply with this policy must notify us prior to participation in class.

PLEASE PRINT CLEARLY

Emergency Contact	Contact Relationship	Contact Telephone

I, the undersigned participant affirm that I am at the age of 18 years or older and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract that I am signing at my own free will.

Participant Name: _____

Participant Address: _____

Signature: _____

Date: _____

Please list any medical conditions, injuries, allergies, etc.

PARENT/ GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of _____, names above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____