

Metro Dance and Cheer Showcase

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Legal Guardian: _____

(If participant is a minor)

Daytime phone: _____ Cell#: _____

School Name: _____

Event Location: _Millard North High School_ Event Date: November 5, 2017

Liability Release: In consideration of my/our child's participation in the dance or other activities conducted by Millard North Dance Team at Millard North High School ("MNHS") on November 5, 2017, pursuant to the Metro Dance and Cheer Showcase (the "Event"), I/we agree to assume all of the risks inherent in any such activities (which risks may include, among other things, muscle injuries, broken bones, and other risks from falls), and, on my/our and on my/our child's behalf, and behalf of my/our and my/our child's heirs, executors and administrators, I/we release and forever discharge "MNHS", and the Event officials and volunteers, corporate sponsors and production staff of and from all claims, judgments and losses, liabilities, damages, costs and expenses of any nature ("Claims") arising out of or in any way connected with my/our child's participation in the Event and/or any activities conducted at the event and/or otherwise occurring on the "MNHS" premises during my/our child's participation at the Metro Dance and Cheer Showcase and/or otherwise occurring during the course of my/our child's travel to and from the Event; and I/we further agree to defend, indemnify and hold harmless "MNHS", and the Event officials and volunteers, corporate sponsors and production staff from and against any all such Claims, including without limitation, attorneys' and other professionals' fees and costs. I/we understand that this release and indemnity agreement includes, without limitation, any Claims based on the negligence, action or inaction of "MNHS", or any event officials and volunteers, corporate sponsors or production staff, except for gross negligence, and covers personal and bodily injury (including death), and property damage, whether suffered by my/our child before, during or after my child's participation in the Event, and covers any claim from the lawful publication or any other lawful use of any photograph, videotape or narrative in any media. I/we acknowledge that "MNHS" makes no representations or warranties, either express or implied, regarding the condition or suitability of the venue for the Event.

I represent that any medications to which the minor is allergic or is currently taking are listed below. I/we will ensure that my/our child brings the medication with him/her to the Event and that my/our child is responsible for taking the prescribed dosage. I/we have also listed below any medications my/our child is allergic to:

Medications my/our child is taking (if any): _____

Medications my/our child is allergic to (if any): _____

X _____
Signature of Parent(s) or Legal Guardian(s)

Date: _____