

Name Must Be Printed On First Line Below – Even for Minors

WAIVER AND MEDICAL RELEASE

I, _____ (participant name), wish to voluntarily participate in various dance performances and entertainment activities, with American Dance/Drill Team, in addition to other such activities held in conjunction with or considered a part of such activities and uses (all collectively referred to herein as the “Activities”), realizing that injuries and accidents sometimes result. **In consideration of the opportunity to participate in the Activities with American Dance/Drill Team, I, on behalf of myself, my parents and my family, and all of our agents, personal representatives, next of kin, heirs, successors and assigns, and/or any other person or entity affiliated therewith (the “Waiving Parties”), do hereby expressly and knowingly assume all risk of injury and do hereby expressly agree to forever discharge, release, defend, indemnify and hold harmless American Dance/Drill Team, Davis, Dreibrodt & Felder, Inc, and/or all of their present and future officers, directors, members, managers, partners, employees, shareholders, stakeholders, agents, representatives, corporate affiliates, instructors, successors and assigns, other participants, owners and lessors of any premises used to conduct the Activities with American Dance/Drill Team, and any of its affiliates and subsidiaries jointly and severally (all collectively referred to herein as the “Releasees”) from and against all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever (including reasonable attorneys fees and court costs), whether known or unknown, accrued or contingent, that the undersigned may have or contend to have on account of any injury, including permanent disability, death or damage to property, caused by or alleged to be caused in whole or in part as a result of participation in the Activities, including all claims arising out of negligence of Releasees or otherwise.** I further authorize Releasees to obtain emergency medical treatment for me, including, if necessary, surgical procedures, if I am injured while participating in the Activities and, after reasonable attempts under the circumstances, Releasees are unable to contact a parent or legal guardian. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances. With my signature below, I expressly declare that I have carefully read this WAIVER AND MEDICAL RELEASE and fully agree to its content and meaning.

Signature: _____ Date: _____

Printed Name of above: _____

Emergency Phone
Number and Comments: _____

FOR PARTICIPANTS UNDER AGE 18

This is to certify that I, as parent or guardian with legal responsibility for the above participant, do hereby expressly consent and agree, on behalf of myself and all the above Waiving Parties, to my minor child’s WAIVER AND MEDICAL RELEASE as provided above for all the Releasees of and from any and all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever (including reasonable attorneys fees and court costs), whether now known or unknown, accrued or contingent, with respect to any matter pertaining to or arising out of my child’s participation in the Activities, including any medical treatment obtained by the Releasees on my child’s behalf for injuries arising out of my child’s participation in the Activities, whether caused by or alleged to have been caused by, in whole or in part, the negligence of Releasees. I further authorize Releasees to obtain emergency medical treatment for my child, including, if necessary, surgical procedures, if my child is injured while participating in the Activities and, after reasonable attempts under the circumstances, Releasees are unable to contact me. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances.

Parent or Guardian Signature: _____ Date: _____

Emergency Phone Number
And Comments: _____