

GROSSIDANCE & PERFORMING ARTS ACADEMY

www.grossidance.com

grossidanceacademy@gmail.com

30 Lafayette Square ~ Suite 116, Vernon, CT 06066

860-872-1498

Waiver of Liability Form Yearly Enrollment and Events 2020-2021

Attendee: _____ Parent/Sponsor (if under 18): _____

Cell: _____ Contact Phone #: _____

Contact E-mail: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____

GDPAA Student: yes: _____ no: _____

Group or Community Association: _____

Group or Community Association Contact: _____ Phone: _____

Email: _____ Cell: _____

Mailing address: _____

*Parent or designated Adult must remain on site at GROSSIDANCE & PERFORMING ARTS ACADEMY with participants under 16 years of age if participating in events with a group or community association.

I, _____ in consideration of being allowed to participate in the: (activity) _____ and use of facilities, surrounding properties of Grossi Dance & Performing Arts Academy, and any other properties at which Grossi Dance & Performing Arts Academy operates and/or conducts lessons, classes and instruction, or may operate and conduct lessons, classes and instruction, I do forever waive, release and discharge Linda Regulbuto, Regal Productions and Grossi Dance & Performing Arts Academy, their owners, officers, members, shareholders, representatives, agents, employees, staff and any and all others acting on their behalf from any and all claims and/or liabilities for injuries or damages to my person and/or property, including those caused by negligent acts or omissions of any of those mentioned to others acting on their behalf arising out of or connected with my participation in this activity.

I fully understand that I am forever giving up and releasing, in advance, any right to sue or make claim against the parties referenced above, if I suffer any injuries or damages, even though I do not know what or how extensive those injuries or damages might be. I am voluntarily assuming the risk of those injuries or damages.

By your approval of this Waiver of Liability and assumption of Risk Agreement, participant authorizes OR parent/legal guardian authorizes the above mentioned child/(ren) to utilize Grossi Dance & Performing Arts Academy (GD&PAA) and acknowledges and accepts the risks inherent in the use of the center services, apparatus, facilities, and activities, and does hereby voluntarily and expressly assume the risk of injury accident, death, loss, cost, or damage to self/child or to their property which might arise from use of GD&PAA, or its services, facilities, apparatus, equipment, or activities and does hereby release GD&PAA and its owner, officers, shareholders, representatives, agents and employees staff and any and all others acting GD&PAA 's behalf, of and from any and all claims, liabilities, loss, damage, costs, and/or causes of action including but not limited to all bodily injuries, property damage, whether or not it is contended in GD&PAA, its agents, representatives or employees in whole or in part, or was responsible therefore.

I further acknowledge that in the event that I should require medical care or treatment, I authorize Linda Regulbuto, Regal Productions and Grossi Dance & Performing Arts Academy, staff and all others acting on their behalf to provide medical care as they may deem necessary, including but not limited to, first aid, CPR, use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In consideration of being allowed to participate on behalf of GD&PAA's dance programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS GD&PAA, I do forever waive, release and discharge Linda Regulbuto, Regal Productions and GD&PAA, their owners, officers, members, shareholders, representatives, agents, employees, staff and any and all others acting on their behalf, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Signature of approval by Participant, OR Parent/Legal Guardian if Participant is under 18:
Name: _____ Printed Name: _____ Date: _____

Participant Name: _____

If applicable: Payment method: Check # _____ Date: _____ Cash: _____ Total paid: _____