

Arts in Action, INC.
2658 Main Street
Hurricane, West Virginia 25526

Princess Academy, Artistic Discovery Camp, Summer Dance, Dance Intensive and Acrobatic Camp

WAIVER OF LIABILITY

The following must be signed by the participant and or in the case of a minor,
By their parent or legal guardian.

I, For myself, my executor, my administrator, my heirs, and assigns, do hereby release and discharge Arts in Action, Inc., including the board of directors, agents, instructors, each director of each program, volunteers, choreographers, employees, anyone who supervises a class or event from any and all claims for personal injury, damages, demands, or actions, whatsoever in any manner arising or growing out of participation in any Arts in Action, Inc. program or activity. I attest and verify that I have full knowledge of the risks involved in the programs or events offered by Arts in Action, Inc.

I, being the parent/legal guardian of the participant, a minor, do hereby appoint Arts in Action, Inc. to act on my behalf, in the event that I cannot be contacted, to authorize or refuse necessary minor medical treatment or emergency major medical treatment while participating in an Arts in Action, Inc. program. I understand that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold Arts in Action, Inc. in any way responsible for accidents and/or injury to the child that are wholly or in part resulting from facilities, acts, or omissions not directly managed by Arts in Action, Inc or the Arts in Action, Inc. faculty/staff/volunteers.

I hereby consent that any photographs and videos in which the above named individual appears while in an Arts in Action, Inc. activity may be used by Arts in Action, Inc. and any of its ministries for promotional and informational use, and for personal souvenir or keepsake memorabilia.

I state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to the said minor and to myself. I understand that the minor will not be able to participate in any Arts in Action, Inc. activities without entering into this agreement. This document is binding on myself, the said minor and any person suing on behalf of said minor.

In addition, I have read, agree, and understand the policies, regulations, and guidelines.

(PLEASE PRINT)

Name of Participant: _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Name of Parent or Guardian: _____

Signature of Parent/Guardian or Participant (Over 21): _____

Date _____ Witness Signature _____