



AUDITION MASTER CLASS | WORKSHOP
PARTICIPATION WAIVER & RELEASE OF LIABILITY
For Dancers aged 15 -17

FOR REGISTRATION
STAFF:
Tag Number:

Please follow these instructions to participate in the Audition Master Class/Workshop:

- 1. Parent/Guardian, please complete legibly and sign where noted
2. (If needed) Scan the signed waiver and send it to Dancer
3. Dancer, please print and bring the signed waiver with you

Without a signed waiver, we are unable to permit dancers to participate; we will accept Video Audition submissions.

Print full legal name of dancer/participant legibly

- 1. I am the parent or legal guardian of _____ and hereby give permission for my child to participate in the audition master class, workshop, or other event to be facilitated by Jacob's Pillow Dance Festival (JPDF). As a condition of his/her participation in the activities therein, (collectively, "Activities"), I hereby acknowledge and agree to the following:
2. I acknowledge and fully understand that my child will be engaging in activities that involve risk of serious injury, including permanent disability and death. These risks include, but are not limited to, those caused by (a) the actions, inactions or negligence of JPDF, students, faculty, participants, volunteers and spectators; and (b) conditions of the premises or equipment used; I further acknowledge and fully understand that there may also be risks that are not known or foreseeable at this time. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, EVEN IF ARISING FROM THE NEGLIGENCE OF JPDF OR OTHERS, AND I ASSUME FULL RESPONSIBILITY AND LIABILITY FOR MY CHILD'S PARTICIPATION.
3. I, on behalf of my child, my heirs, executors, administrators and assigns, hereby waive, release, discharge JPDF, its administrators, directors, officers, employees, or students (collectively the Releasees"), from any and all claims for damages, injuries, losses, liabilities and expenses which my child may have or which may subsequently accrue to him/her or me, relating to, resulting from or arising out of my child's participation. I agree to indemnify, defend and hold the Releasees harmless from and against any and all claims for damages, injuries, losses, liabilities and expenses relating thereto, resulting from or arising out of my child's participation.

Date of Birth of dancer (MM/DD/YY)

Signature of parent/legal guardian

Date (MM/DD/YY)

Printed name of parent/legal guardian

Relationship to dancer

Describe any current/ongoing injuries we should be aware of:

What sparked you to attend today?

Current School or Company: _____

Phone Number of dancer: _____

Email of dancer: _____

FOR REGISTRATION
STAFF:
Payment Info: