



AUDITION MASTER CLASS | WORKSHOP
PARTICIPATION WAIVER & RELEASE OF LIABILITY
For Dancers aged 18 and older

FOR REGISTRATION
STAFF:
Tag Number:

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

- 1. Please print, complete legibly, and sign where noted
2. Bring the signed waiver with you

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

As a condition of my participation in the Audition Master Class, Workshop or other event to be facilitated by Jacob's Pillow Dance Festival, (JPDF), and my participation in the activities therein (collectively, "Activities"), I hereby acknowledge and agree to the following:

Print full legal name legibly

- 1. I _____ certify that I am physically fit and able to participate in the Activities, and have not been advised otherwise by a medical professional.
2. I agree to comply with any and all rules, regulations, terms and conditions in connection with the Activities, including relevant Pillow policies and standards of conduct.
3. I acknowledge and fully understand that I will be engaging in activities that may 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 and its students, employees, participants, volunteers and guests; and (b) the condition of the premises or equipment used. I further acknowledge and fully understand that there may also be other 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 PARTICIPATION IN THE ACTIVITIES.
4. I, on behalf of myself, my heirs, executors, administrators and assigns, hereby waive, release and discharge JPDF and its administrators, trustees, officers, employees, students and agents (collectively, the "Releasees"), from any and all claims for damages, injuries, losses, liabilities and expenses which I may have or which may subsequently accrue to me, arising out of, relating to, or resulting from the Activities. I also agree to indemnify, defend and hold the Releasees harmless from and against any and all claims for damages, injuries, losses, liabilities and expenses (including reasonable attorney's fees) arising out of, relating to, or resulting from the Activities.
5. I acknowledge that I am solely responsible for all medical and other costs I may incur in connection with the Activities. I consent to have emergency medical treatment that may be deemed advisable in the event of injury, accident and/or illness. I release JPDF and all persons participating in any such medical treatment from all responsibility for any such actions.
6. I intend that this Waiver and Release shall be construed broadly to provide a waiver and release to the maximum extent permissible under applicable law. This Waiver and Release shall be governed by and construed under the laws of the Commonwealth of Massachusetts without regard to conflict of law provisions.

I have read and fully understand this Waiver and Release of Liability. I certify that I am over the age of 18 and have the legal right to consent to these terms.

Date of Birth (MM/DD/YY)

SIGNED: _____

Date (MM/DD/YY): _____

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

What sparked you to attend today?

Current School or Company: _____

Phone Number: _____

Email: _____

FOR REGISTRATION
STAFF:
Payment Info: