

WAIVER FORM

The undersigned (hereinafter "participant") acknowledges and agrees that the risk of injury from activities engaged in at the facilities known as The Scott-Ellis School of Irish Dance Studio located at 7107 Crossroads Blvd. Ste. 108, Brentwood, TN, is significant, and while particular rules, equipment, and personal discipline may reduce risk, the risk of injury does exist; and **the participant knowingly and freely assumes all such risks**, both known and unknown, **even if arising from the negligence of the Releases** or others, and assumes full responsibility for the participation by the participant in any and all such activities. The participant willingly agrees to comply with the stated and customary terms and conditions for the participation in any and all such activities engaged in at the dance studio of the Scott-Ellis School of Irish Dance or any associated off-site activity including, but not limited to, performances or competitions involving the Scott-Ellis School of Irish Dance. If, however, the participant observes any unusual significant hazard during his/her presence or participation, the participant will remove himself or herself from participation and bring such hazard to the attention of an authorized representative of Scott-Ellis School of Irish Dance. Further, the participant, for himself or herself, and his or her heirs, assigns, personal representatives and next of kin, hereby releases, indemnified and holds harmless Scott-Ellis School of Irish Dance, its owners, managing agent, officers, instructors, officials, agent and/or employees, other users, sponsoring agencies, sponsors, advertisers, public relations agencies and affiliates ("Releasee's), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releases or otherwise.

SESID publishes a website in which it posts photos of dancers WITHOUT NAMES listed. A dancer's photo could be published as part of a performance, school group shot or a solo picture. If you do not wish to have your dancer's photo posted on the website, please contact us in writing stating you do not wish to have photos published on our website. By signing this waiver, you are giving SESID permission to publish photos without names on its website.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

FOR PARENTS/GUARDIAN OF PARTICIPANTS UNDER THE AGE OF 18 AND DANCERS OVER THE AGE OF 18 AT THE TIME OF REGISTRATION

This is to certify that I, as parent/guardian/dancer over the age of 18 with legal responsibility for this participant, do consent and agree to his/her release as provided above off all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement of participation in any activity at Scott-Ellis School of Irish Dance even if arising from the negligence of the Releasees.

Parent/Guardian (or dancer if over the age of 18)

____/____/____
Date

() ____-____
Emergency Phone Number

MEDICAL INFORMATION

Are there any allergies or other conditions that may restrict the participant from participating in normal dance activities? If yes, please include special instructions:

I/We, the parent(s)/guardian of the child listed above, by signature below, do hereby consent to any ambulance and/or medical treatment that may be rendered to said minor under the general or special instruction of the Emergency Room, or M.D. whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage any responsible adult and said physician to exercise their best judgment to the requirements of such diagnosis or treatment. This consent shall remain in effect while said child shall participate in Dance activities unless revoked in writing and delivered to said physician or said persons entrusted with the custody of said minor.

Signature of Parent/Guardian _____

Emergency Contact: _____ Phone# _____