

# *The* Warehouse *Dance Company*

## **Participation, Travel, and Medical Release & Waiver of Liability**

### Assumption of Risk

I understand that participation in dance, tumbling, acrobatics, rehearsals, recitals, competitions, performances, and related travel with The Warehouse Dance Company (“WDC”) involves physical activity that carries the risk of injury. These risks include, but are not limited to, slips, falls, collisions, sprains, broken bones, concussions, and other serious injuries.

I acknowledge that injuries may result from:

- My child’s own actions,
- The actions of other participants,
- Instruction or supervision,
- Equipment, stage, or facility conditions, and
- Travel to and from events.

I knowingly and voluntarily assume all such risks on behalf of my child.

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### Release of Liability

In consideration of my child’s participation, I, on behalf of myself, my child, and our heirs, executors, and assigns, hereby release, discharge, and agree to hold harmless The Warehouse Dance Company, its owners, directors, instructors, employees, staff, volunteers, agents, and designated drivers from any and all claims, liabilities, demands, or causes of action arising out of or related to my child’s participation in any WDC activity or event.

This release specifically includes claims of negligence, to the fullest extent permitted by law, but does not release claims of gross negligence, reckless conduct, or intentional acts.

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## Travel & Transportation Consent

I understand that WDC events may require travel in personal vehicles driven by WDC staff, volunteers, or parents, as well as rented or chartered vans and buses.

I give permission for my child to be transported to and from official WDC activities and events. I acknowledge that:

- Travel by automobile involves inherent risks, including the risk of accidents.
- Any accident occurring in a personal vehicle will first be covered by the driver's personal auto insurance.
- WDC does not carry commercial auto insurance for personal vehicles.

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## Medical Authorization

I certify that my child is physically fit to participate and that I have disclosed all known medical conditions, allergies, or restrictions.

In the event of an emergency where I cannot be reached, I authorize WDC staff and volunteers to seek medical treatment for my child as deemed necessary by qualified medical professionals. I understand I am financially responsible for all related medical expenses.

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## Insurance Acknowledgment

I understand that WDC does not provide medical, accident, or health insurance for students. I am responsible for securing and maintaining such coverage for my child if desired.

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## Governing Law

This waiver shall be governed by and construed under the laws of the State of Alabama.

