

Programs Release of Liability

I give permission for my participant _____ to participate in the on-campus program at McKendree University through McKendree Dance Team Programs from (dates)_____. I understand that my participant will be participating in a workshop planned by McKendree students using campus facilities such as, the gym. I understand and recognize that there exists the possibility and risk of bodily injury and property damage while participating in the program. Therefore, for and in consideration of McKendree Dance Team providing this opportunity through coordination, I hereby release and hold harmless its board members, officers, employees and representatives from any liability or claim of liability in connection with my participant's participation in the program. I understand that it is my right to cease my participant's participation from this program at any time and the right of my participant to have guidance and supervision. I also understand that it is my participant's responsibility to stay with the group and respond to directions given for the participant's safety. By signing below, I acknowledge that I have read this release of liability, and I am signing voluntarily.

Print Name of Parent/Legal Guardian

Parent/Legal Guardian Signature and Date

Print Name Participant (18 and over)

Participant (18 and over) Signature and Date

McKendree University Release of Liability

I give permission for my participant _____ to participate in the on-campus program, at McKendree University from (dates)_____. I understand that my participant will be participating in a workshop planned by McKendree students using campus facilities such as, the gym. I understand and recognize that there exists the possibility and risk of bodily injury and property damage while participating in the program. Therefore, for and in consideration of McKendree donating space, affiliates and materials to the program, I hereby release, relieve and hold harmless its trustees, officers, employees and representatives from any liability or claim of liability in connection with my participant's participation in the program. I understand that it is my right to cease my participant's participation from this program at any time and the right of my participant to have guidance and supervision. I also understand that it is my participant's responsibility to stay with the group and respond to directions given for the participant's safety. By signing below, I acknowledge that I have read this release of liability, and I am signing voluntarily.

Print Name of Parent/Legal Guardian

Parent/Legal Guardian Signature and Date

Print Name Participant (18 and over)

Participant (18 and over) Signature and Date

Photo or Media Recording Release for McKendree University

I, the undersigned and legal guardian of _____, do hereby consent and agree that McKendree University individually and McKendree Dance Team individually, their employees, or agents have the right to take photographs, videotape, or digital recordings of me and my participant or participant and to use these in any and all media. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I give McKendree University and McKendree Dance Team, their agents, and their employees all rights to exhibit their works in print and electronic form (including social media) publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in whatever media used. I understand there will be no financial or other remuneration for recording me or my participant or participant, either for initial or subsequent transmission or playback. I also understand McKendree University is independently responsible for any expenses or liability incurred as a result of my participation.

Print Name of Parent/Legal Guardian

Parent/Legal Guardian Signature and Date

Print Name Participant (18 and over)

Participant (18 and over) Signature and Date

Emergency Phone: _____ E-mail: _____

Allergies or medical concerns (use back if necessary): _____