

Liability Waiver Form  
Sanspointe Dance Company Summer Intensive

I, \_\_\_\_\_ (participant & guardian initials), understand that participation in any of the activities, performances, and/or services described herein involves a risk of accidental injury despite all safety precautions. Having been informed of the classes, rehearsals, performances and services to be performed by the Sanspointe Dance Company at various sites in Jefferson County, AL between now and August 17<sup>th</sup>, 2019. I, as an individual, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless the Sanspointe Dance Company, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me occurring during my participation in any activities and/or services made subject of this Agreement.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_