

DREAMFLIGHT THEATRICAL GYMNASTICS ACADEMY

EVENT WAIVER

PARTICIPANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: __/__/____ GENDER: _____
EMERGENCY PHONE NUMBER: (_____) _____ MEDICAL-MINDFUL: _____

LEGAL GUARDIAN INFORMATION

LAST NAME: _____ FIRST NAME: _____ RELATION _____
PRIMARY PHONE NUMBER: (_____) _____ E-MAIL ADDRESS: _____

ACCEPTANCE OF RULES & POLICIES

I HEREBY CERTIFY, AS THE UNDERSIGNED PARTY, THAT I HAVE READ, UNDERSTOOD, AND ACCEPT IN FULL ALL RULES AND POLICIES AS LISTED AT WWW.DREAMFLIGHT.COM/RULESANDPOLICIES.

WAIVER AND RELEASE

HENCEFORTH, "DREAMFLIGHT THEATRICAL GYMNASTICS INCORPORATED" SHALL BE REFERRED TO AS "DREAMFLIGHT". THE UNDERSIGNED PARENT, LEGAL GUARDIAN, AND PARTICIPANT ARE HENCEFORTH REFERRED TO INDIVIDUALLY AND COLLECTIVELY AS "PARTICIPANT".

THIS LIABILITY WAIVER AND RELEASE IS ENTERED INTO RELATED TO THE PARTICIPATION OF THE ABOVE PARTICIPANT IN EVENTS AND ACTIVITIES WITH, OF, AND BY DREAMFLIGHT THEATRICAL GYMNASTICS INCORPORATED.

SECTION 1. DANGERS AND RISKS. THE PARTICIPANT UNDERSTANDS THAT THE DANGERS AND RISKS OF PARTICIPATION IN ACTIVITIES INVOLVING HEIGHT, MOTION, ROTATION, AND ALL OTHER ACTIVITIES WITH, OF, OR BY DREAMFLIGHT INCLUDE, BUT ARE NOT LIMITED TO FALLS, CONTACT OR COLLISIONS, BRUISES, SCRATCHES, SKIN IRRITATION AND BLISTERS, MUSCLE SORENESS, STRAINS AND SPRAINS, BONE FRACTURES AND BREAKS, THE EFFECTS OF PHYSICAL ACTIVITY BY WEATHER, INCLUDING HIGH HEAT AND HUMIDITY, EVEN IF THE ACTIVITY TAKES PLACE INDOORS, AS WELL AS PARALYSIS OR DEATH. THE PARTICIPANT CERTIFIES THEIR GOOD HEALTH AND PHYSICAL CONDITION, THAT THEY ARE SUFFICIENTLY ABLE TO PARTICIPATE IN ACTIVITIES WITH, OF, OR BY DREAMFLIGHT. THE PARTICIPANT UNDERSTANDS THAT DREAMFLIGHT RECOMMENDS A PHYSICAL EXAMINATION TO IDENTIFY ANY PHYSICAL CONDITION OR LIMITATION OF WHICH THE PARTICIPANT MAY NOT BE AWARE THAT COULD AFFECT THE PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES WITH, OF, OR BY DREAMFLIGHT. THE PARTICIPANT HAS ADVISED DREAMFLIGHT OF ANY LIMITATION OR PREEXISTING CONDITION PARTICIPANT MAY HAVE THEREOF, INCLUDING, BUT NOT LIMITED TO, HEART, LUNG, OR BRAIN DISABILITIES, AS WELL AS JOINT, MUSCLE OR BONE LIMITATIONS, WEAKNESSES OR MALFUNCTIONS.

SECTION 2. ASSUMPTION OF RISKS. KNOWING AND HAVING BEEN INFORMED OF THE POTENTIAL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATING IN THE ACTIVITIES WITH, OF, OR BY DREAMFLIGHT, AND IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN SUCH ACTIVITIES, THE PARTICIPANT HEREBY AGREES TO ASSUME ALL SUCH RISK AND, FURTHER, TO WAIVE, RELEASE, DISCHARGE AND HOLD HARMLESS DREAMFLIGHT, AND ITS REPECTIVE EMPLOYEES, AGENTS, REPRESENTATIVES, DIRECTORS, TRAINERS, AND VOLUNTEERS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, CLAIMS OR DEMANDS FOR PERSONAL INJURY, DEATH, OR DAMAGE TO PROPERTY OF ANY KIND OR NATURE, AND ANY AND ALL OTHER CLAIMS WHATSOEVER ARISING OUT OF, OR IN ANY WAY CONNECTED WITH, THE PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES WITH, OF, OR BY DREAMFLIGHT. THIS WAIVER AND RELEASE EXTENDS TO ALL CLAIMS OF EVERY KIND OR NATURE WHATSOEVER, FORESEEN OR UNFORESEEN, KNOWN OR UNKNOWN, AND NOTWITHSTANDING ANY NEGLIGENCE ON THE PART OF DREAMFLIGHT AND ITS REPECTIVE EMPLOYEES, AGENTS, REPRESENTATIVES, DIRECTORS, TRAINERS, AND VOLUNTEERS. THE TERMS HEREOF SHALL SERVE AS AN ASSUMPTION OF RISK, WAIVER AND RELEASE FOR THE PARTICIPANT, THE PARTICIPANT'S FAMILY AND HEIRS, EXECUTORS, ADMINISTRATORS, GUARDIANS OR ANYONE ELSE WHO MIGHT ASSERT A CLAIM ON THE PARTICIPANT'S BEHALF.

SECTION 3. PHOTO AND VIDEO RELEASE. ON OCCASION, PICTURES AND/OR VIDEOS WILL BE CAPTURED BY DREAMFLIGHT STAFF OF CLASSES, RECITALS, TEAMS, COMPETITIONS, AND OTHER SUCH EVENTS; SUCH PICTURES AND/OR VIDEOS MAY BE USED FOR EVENTS, PROMOTION, AND ADVERTISING PURPOSES ONLY; THE PARTICIPANT HEREBY UNDERSTANDS THAT NO COMPENSATION WILL BE GIVEN BY DREAMFLIGHT OR BY USER OF MATERIAL, AND THAT DREAMFLIGHT HOLDS UNRESTRICTED RIGHTS TO ANY SUCH PICTURES AND/OR VIDEOS.

SECTION 4. AUTHORIZATION OF CONSENT. THE PARTICIPANT HEREBY CONSENTS TO PERMIT DREAMFLIGHT AND ITS EMPLOYEES TO PROVIDE EMERGENCY FIRST-AID OR MEDICAL TREATMENT, ACCORDING TO THEIR BEST JUDGEMENT, FOR THE PARTICIPANT, IN THE EVENT THE PARTICIPANT SUFFERS AN INJURY OR ILLNESS WHILE PARTICIPATING IN THE ACTIVITIES WITH, OF, OR BY DREAMFLIGHT, OR ON THE PREMISES OF DREAMFLIGHT. THE PARTICIPANT UNDERSTANDS THAT DREAMFLIGHT IS NOT FINANCIALLY RESPONSIBLE IF IT IS DEEMED NECESSARY BY DREAMFLIGHT AND ITS EMPLOYEES TO CALL AN AMBULANCE OR OTHER SERVICES TO THE PREMISES, REGARDLESS OF WHETHER OR NOT PARTICIPANT'S MEDICAL INSURANCE COVERS SUCH FEES AND CHARGES.

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND ACCEPT THIS AUTHORIZATION OF CONSENT, WAIVER AND RELEASE, ALONG WITH THE SAFETY RULES, AND STATEMENT OF POLICIES OF DREAMFLIGHT THEATRICAL GYMNASTICS ACADEMY.

SIGNATURE OF LEGAL GUARDIAN

PRINT NAME OF LEGAL GUARDIAN OR LEGAL PROXY

DATE