NEWBURY PARK HIGH SCHOOL DANCE BOOSTER CLUB
2019 SUMMER DANCE WORKSHOP PARTICIPANT RELEASE AND WAIVER FORM
Every Participant must have a completed and signed release form on the first day of camp in order to participate.

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____ a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above workshop to be conducted by Newbury Park High School Dance Team ("NPHS Dance Team") Newbury Park High School Dance Booster Club. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless the NPHS Dance Team, NPHS Dance Booster Club, and the Newbury Park High School ("Releasees"), on whose premises the Workshop will occur (hereinafter the "Location"), from any and all liability whether caused by the negligence of the Releases or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Workshop, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the Workshop, all activities associated with the Workshop and while traveling to and from the site for the Workshop whether or not the Workshop actually occurs. I further expressly agree to indemnify and hold harmless Releases and Releases' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releases any loss or costs Releases may have to pay as a result of any such action, claim, or demand. I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Workshop will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X_____ Date: _____

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize NPHS Dance Team to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Workshop and while traveling to and from the site for the Workshop whether or not the Workshop actually occurs.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Workshop and that he/she shall consume the prescribed dosage for such medications. **NPHS Dance Team will not administer or supply any type of medication at Workshop.**
Medications (if any):_____
Allergic to (if any): _____
I acknowledge that Minor suffers from the following conditions: _____
Family Doctor: _____ Phone Number: ( ) _____
Birth date: _____ SS#: _____
Emergency Information: (Not required but helpful for quick verification of insurance policy by hospital/clinic)
Name: _____
Address: _____ Daytime Telephone: ( ) _____
City, State, Zip: _____ Evening Telephone: ( ) _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Workshop will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.
Signature of Parent or Legal Guardian: X_____ Date: _____
Relationship to Minor: _____

No child will be released to anyone other than the parent/guardian on record without this signed Release Form.

Parent Name (please print)	Date
Parent Signature	Witness (filled out Day 1 by Staff)