# Adult Participant Consent, Waiver, and Release for the State Dance Festival

I, , acknowledge and agree that participating in dance classes, rehearsals, and performances will be a major part of my activities during the day-long dance festival hosted by Lyndon Institute on November \_\_, 20\_\_ (the “State Dance Festival”) and during the evening performance on that date, to which the public will be invited. I also acknowledge and agree that I may be required to travel by bus between the various dance and rehearsal venues, which will include the Lyndon Institute (“L.I.”) campus, Northern Vermont University’s campus in Lyndonville and the Town of Lyndon’s Municipal Gymnasium

I also acknowledge and agree that, as a necessary result of my participation in these activities, I will be exposed to all of the attendant risks, including physical injury. I understand that participating in dance classes, rehearsals and performances is rigorous exercise and may make my muscles sore from repetitive movements and specific dance phrases performed. I agree that I will take particular care of any limitations my body requires of me and will know my physical limitations, doing only what is comfortable and what I can do. I agree to provide the dance class teacher with any specific information that might affect my ability to participate in dance classes, rehearsals, and performances.

I acknowledge and agree further that travel by bus entails additional dangers and risks, some of which include physical injury or even death resulting from motor vehicle collisions, mechanical breakdowns, or other accidents. I also acknowledge that the enjoyment and excitement of the State Dance Festival is derived in part from the travel with groups of participants by bus.

In consideration for L.I. allowing me to participate in the dance classes, rehearsals, and performances making up the State Dance Festival, I hereby further freely and knowingly waive any and all claims that I may have against L.I. and its trustees, employees, agents, attorneys, chaperones, and volunteers (hereinafter, collectively “Lyndon Institute”) and freely and voluntarily release Lyndon Institute from any and all claims, damages, rights of action, present or future (whether or not they are known) resulting from or arising out of my participation in any or all of these activities.

My emergency contact information is set out below.

Adult Participant’s signature: ­­­\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative emergency contact number: \_