# Parental 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 child/ward’s 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 my child/ward may be required to travel by bus between the various dance and rehearsal venues, which will include 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 son/daughter/ward’s participation in these activities, he/she 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 child/ward’s muscles sore from repetitive movements and specific dance phrases performed. My child/ward will take particular care of any limitations his/her body requires of him/her and will know his/her physical limitations, doing only what is comfortable and what he/she can do. I agree to provide the dance class teacher with any specific information that might affect my child’s 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 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.

My child/ward (print student’s name) has my permission to participate in all dance classes, rehearsals, and performances provided for students by Lyndon Institute (LI or School) during the academic year.

In consideration of LI allowing my child/ward to participate in the School’s dance classes, rehearsals, and performances, I – on behalf of myself and my child/ward – hereby further freely and knowingly waive any and all claims that I or my child/ward may have against Lyndon Institute and its trustees, employees, agents, 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 child/ward’s participation in any or all of these activities.

In case of any injury to my child/ward during these activities, I hereby consent to have the above named student examined and, if required, to be treated by a physician or hospital. I understand that in case of injury, Lyndon Institute will make every effort to contact me prior to taking the student to a physician or hospital. In the event I cannot be notified, LI or its representative has my permission to take appropriate steps to ensure the safety and well-being of my child/ward. My emergency contact information is set out below.

Student signature:

Parent signature:

Please turn over or go to next page. Thank you.

 Date:

 Date:

 Emergency contact phone number:

 Alternative emergency contact number:

# Transportation Acknowledgment

I understand and agree to my teen being able to ride the bus if a state dance festival workshop s/he signed up for is in another location off the Lyndon Institute campus (i.e. at a satellite location like Lyndon State College or in the town of Lyndon).

**Parent/Guardian Signature** Date: