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Located at: 409 Main Street Suite B12, B11 & B9, Frisco, CO 80443

NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC/RECREATIONAL
ALPINE DANCE ACADEMY RELATED ACTIVITIES/TRIPS

ASSUMPTION OF RISK AND INSURANCE CERTIFICATION
(READ CAREFULLY BEFORE SIGNING)

Many athletic/recreational Alpine Dance Academy (hereafter ADA) related activities and field trips involve substantial risks of bodily injury, property damage and other dangers associated with participation in such activities. Dangers related to such activities include but are not limited to: broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion.

Each participant in such activities should realize that there are risks, hazards and dangers inherent in such activities and in the training, preparation for and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has prerequisite skills, qualifications, preparations and training.

The undersigned acknowledges that ADA does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver or individual participant in any athletic/recreational activity. All participants in voluntary athletic/recreational ADA related activities and trips will be required to sign the **Release, Waiver of Liability and Covenant Not to Sue** form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic/recreational ADA related activities and trips. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in athletic/recreational ADA related activities and trips involved and inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of ADA allowing the undersigned to participate in these types of voluntary athletic/recreational ADA related activities and trips and, in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, rounds or personnel of the institution, the undersigned participant does hereby waive liability, release and forever discharge Alpine Dance Academy, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connection with such recreational programs, athletic activities, Alpine Dance Academy related activities and trips.

I further covenant and agree that for the consideration stated above I will not sue Alpine Dance Academy, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my voluntary participation in athletic/recreational ADA related activities or trips.

I understand that the acceptance of this release, waiver of liability and covenant not to sue Alpine Dance Academy or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said institution, its members, officers, agents and employees.

Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment at the institution.

I have received a copy of this **Notice and Document**, which I have read and understand. I accept and assume all risks, hazards and dangers involved in such activities in which I may elect to participate, including the training, preparation for and travel to and from the site of such activities.

Date _____

Dancer's Name _____ Dancer's DOB _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

IF DANCER IS OVER 18 YEARS OF AGE: Dancer Signature _____