**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have voluntarily applied to participate in the following activities at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: ***Charity Zumbathon*** *that includes but is not limited to aerobic exercise / dance.*

***(Description of activities, which Participant will engage in)***

**I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS AND THAT I COULD BE SERIOUSLY INJURED. I ACKNOLEGE THAT I AM IN GOOD HEALTH AND WITHOUT INJURY, THAT WOULD MAKE IT DETRAMENTAL TO MY HEALTH AND WELL BEING TO PARTICIPATE IN THIS EVENT. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF ALL OF THE RISKS INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.**

**I verify this statement by placing my initials here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian’s initials (if under 18):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As consideration for being permitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in these activities and use the premises and facilities, **I forever release \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Lessor, any event affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other** **acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.**

**I grant permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and event coordinators, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-event uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.**

**I verify this statement by placing my initials here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s initials (if under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I also agree that I, my assignees, heirs, distributees, guardians, next ofkin, spouse and legal representatives will not make a claim against, sue, or attach the property of anyReleasee in connection with any of the matters covered by the foregoing release.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS**

**CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND UNIVERSITY HIGH SCHOOL, THE STATE, THE COUNTY, EVENT COORDINATORS, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.**

**If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.**

**PARTICIPANT/RELEASOR PARENT OR GUARDIAN**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR***

***GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED***