**The FILES Arts Project**

**Waiver of Liability & Medical Release**

Please read over carefully and sign below.

**MEDICAL RELEASE:** I understand that participation in this dance and music program is voluntary and strenuous, and involves risk and possible injury. I verify that I and/or my child/children are physically fit to participate. I hereby waive, release and hold harmless The FILES Arts Project, Katherine Files, and its staff, directors, and heirs from liability, and all rights and claims for injuries sustained in classes, rehearsals, performances and any other related activities or medical expenses which may occur as a result in the participation in this dance and music workshop.

* I authorize The FILES Arts Project to secure any emergency medical treatment my child might need.

Preferred Medical Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITY WAIVER:** I understand that The FILES Arts Project and all of its associates are not liable for any loss, damage, or injury to any property or person attending the program. If all efforts to contact the emergency contact person(s) are unsuccessful, in case of emergency, I hereby give The FILES Arts Project staff permission to seek medical attention for the participant.

**INJURY and INSURANCE WAIVER:** I understand that parents assume full responsibility for any bodily injury incurred by their child while taking part in The FILES Arts Project programs, and that no accident insurance is provided through The FILES Arts Project.

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Student’s Signature Date

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Parent/Guardian Signature Date

(If under 18)