

LI CHIAO-PING DANCE

ACTIVITY WAIVER

I, _____, give permission for my child,

_____, to participate in this activity conducted by Li Chiao-Ping Dance. In consideration for their being allowed to participate in this activity, I hereby release Li Chiao-Ping Dance (LCPD), its officers, employees and agents from any liability for damage to, or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur while participating in the LCPD workshop, performance, and/or audition. I understand the risks of such participation, which include broken bones, strains, sprains and fatigue, to name but a few. I attest and verify that my child is physically fit to participate in these activities. Furthermore, I understand that LCPD does not provide medical coverage for these activities. In the event that I, or my child, incur medical expense, I understand that I am solely responsible for such costs. I also give permission for LCPD to use photos or videos of my child taken during LCPD events in future reporting and marketing materials.

Signature (of parent/guardian)

Date

Address

City, State Zip

phone number

e-mail address

Emergency Contact Name

Phone Number (w/ area code)