



Med/Legal Waiver Form

Saint Joseph's University Dance Team
5600 City Avenue
Philadelphia, PA 19131
www.sjuhawkdancers.com

Mailing Address:
PO Box 564
Fort Washington, PA 19034

Participant & Parent/Legal Guardian Information

Participant Name: _____ Date: _____

Parent/Legal Guardian Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Release/Waiver

****Please read all sections below before signing – it is a requirement to complete all parts of this form to be eligible to participate in the clinic***

Liability Release: I _____, as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the Saint Joseph's University Dance Team Clinic to be conducted by the SJU Dance Team and Coaches. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless SJU Dance Team, Coaches and the respective directors, officers, representatives, members, agents and employees of Saint Joseph's University (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) that Minor may incur or sustain during the clinic, all activities associated with the clinic and while traveling to and from the site for the clinic whether or not the clinic actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim or demand.

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf on Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the clinic. In the event of such illness or injury, I authorize Saint Joseph's University to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the clinic and while traveling to and from the site for the clinic whether or not the clinic actually occurs.

Any medication to which Minor is allergic or currently taking is listed below.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that Minor suffers from the following conditions: _____

Family Doctor: _____

Phone Number: (_____) _____ - _____

Minor Birthdate: _____

Appearance Agreement: I understand that as a participant in the clinic, Minor may be included in videotapes, photographs, DVDs, Podcasts and videocasts taken during the clinic. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, allow the Saint Joseph's University Dance Team and its affiliates to utilize such material for their own use in advertising and promoting the clinic or in advertising and promoting similar future events. I, on my own behalf and on behalf of the minor waive any right to approve or inspect any such material and trust that no other 3rd party is under any obligation to utilize this material.

Clinic Rules: I further acknowledge and understand that the SJU Dance Team expects good conduct and behavior during the clinic. In the event that the Minor does not behave in a proper manner, I allow the SJU Dance Team and Coaches to conduct reasonable disciplinary measures, and I understand that this could result in dismissal from the clinic with no refund.

Insurance Information and Sign-off

Insurance Company: _____

Insurance Policy Number: _____

Insurance Policy Holder: _____

I, on my own behalf and on behalf of the Minor, hereby warrant that I have read the above releases and waiver in its entirety and fully understand its contents.

Name of Minor: _____ Date: _____

Signature of Parent or Legal Guardian: _____

Relationship to Minor: _____