

**Agreement for Assumption of Risk, Indemnification, Release,
Consent for Emergency Treatment,
Consent to Participate in Scholarship Auditions & Media Waiver/Release**

I, _____ (print name), age _____, desire to participate voluntarily in the **Regional High School Dance Festival** at the University of Wisconsin-Madison on March 15-19, 2019.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT **RISK MANAGEMENT**, AT TELEPHONE NUMBER 262.8926 OR 262.8925.

ASSUMPTION OF RISKS

I understand that physical activity related to **Regional High School Dance Festival**, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains including the back and neck, to 2) major injuries such as fractures, internal injuries, neck, joint or back injuries, heart attacks, and concussions, to 3) catastrophic injuries including paralysis and death. I understand that the university has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED PROGRAMS AND ACTIVITIES. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

Signature of Participant

Date

Signature of Parent or Guardian (if Participant is under 18*)

Date

HOLD HARMLESS, INDEMNITY AND RELEASE

In consideration of permission for me to voluntarily participate in **Regional High School Dance Festival**, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release, the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, and their officers, employees, agents, and volunteers, AND the National High School Dance Festival from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.**

Signature of Participant

Date

Signature of Parent or Guardian (if Participant is under 18*)

Date

Regional High School Dance Festival - University of Wisconsin-Madison

CONSENT FOR EMERGENCY TREATMENT

I authorize the University of Wisconsin-Madison and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT RENDERED PURSUANT TO THIS AUTHORIZATION.**

Signature of Participant **Date**

Signature of Parent or Guardian (if Participant is under 18*) **Date**

CONSENT TO PARTICIPATE IN SCHOLARSHIP AUDITIONS

I consent to participate in the Regional High School Dance Festival (RHSDF) Scholarship Auditions at the University of Wisconsin-Madison. I understand that these auditions will be held by representatives from various summer programs, colleges, and dance program institutions for the purpose of determining eligibility to receive scholarship awards at said institutions.

Signature of Participant **Date**

Signature of Parent or Guardian (if Participant is under 18*) **Date**

Regional High School Dance Festival - University of Wisconsin-Madison

MEDIA WAIVER/RELEASE

I hereby grant the University of Wisconsin-Madison Dance Department and the National High School Dance Festival, their respective employees and agents, the right to take, use, and reproduce visual/audio images of me including photographs, digital images, video clips, and/or audio clips. I agree that the UW-Madison Dance Department owns the images, audio, video and rights related to them.

Any of the above listed media may be used in any manner without notifying me, for the purpose of developing instructional materials and for archiving, teaching, and/or the creation of promotional materials such as newsletters, brochures, web sites, promotions, broadcasts, flyers, videos, and in any other publications produced for the aforesaid school. I waive the right to inspect or approve the finished version(s) of the products of the images and audio, including written copy that may be created in connection therewith, or to be compensated for them. Content is also granted for any use of my name in any part of those publications listed above.

I maintain sole rights to my choreography, however, I further affirm that the UW Dance Department is the owner of all rights in and to said media and no monetary consideration is due and owing.

I further agree to release the UW-Madison Dance Department and the National High School Dance Festival any firm authorized to publish or distribute a finished product containing the images from any and all liability or damages to person, property, reputation or claim of invasion of privacy arising out of or in connection with occurring during the course of the media usage where such liability is founded upon and grows out of the acts or omissions of employees, officers or agents of the University of Wisconsin-Madison while acting within the scope of their employment.

I have read this document and am fully aware of the content and implications, legal, and otherwise. I have read this release before signing and I freely accept the terms.

Signature of Participant **Date**

Signature of Parent or Guardian (if Participant is under 18*) **Date**