

Mohawk Valley Performing Arts- Dancer Copy

Participant's name: _____

I/we understand that the very nature of dance has its hazards which can result in injury. I/we agree to report any injury immediately to the Artistic Director or in her absence the Assistant Artistic Director and the Ballet Mistress. I/we understand and acknowledge and appreciate the risks and responsibilities involved in allowing my child/myself to participate in the MVPA and I/we assume all risks of injury and damage incident to her/his/my participation in the MVPA. I/we further, in consideration of the responsibilities of being a dancer with the Mohawk Valley Performing Arts, hereby release, discharge and relinquish the MVPA, its officers, directors, employees, volunteers and all persons connected with MVPA activities, of and from all claims, demands, actions and cause of action of any sort, for any injuries sustained by my/our child or myself.

I/we release, discharge and agree not to sue the MVPA, Artistic Director or the Mohawk Performing Arts. I/we further agree that I shall hold harmless and fully indemnify the Mohawk Valley Performing Arts, its officers, directors, employees, volunteers or any person connected with the MVPA Company.

I/we have read the production guidelines stipulated on the reverse and the release of liability and indemnification agreement above, and agree to allow myself/my child to participate in the Mohawk Valley Performing Arts. Further, I/we agree to the sole, exclusive and final jurisdiction and authority is the Mohawk Valley Performing Arts Board of Directors over any question, dispute, disagreement or ruling involving my child/myself.

I/we agree to allow MVPA to take/use photographs, videotapes and all other promotional materials, which may include my child/myself for those purposes deemed necessary by the MVPA. MVPA retains exclusive ownership and rights over all materials used to advertise/promote the MVPA, Inc. I/we agree to refrain from any public activity, commercial or publicity venture in the name of, or with reference to, the Mohawk Valley Performing Arts and will direct all questions/corrections regarding any MVPA release/publication to the MVPA Executive Office at 315-738-7646.

I/we agree to submit this signed production guideline and the required MEDICAL HISTORY AND RELEASE FORM, giving signed consent for treatment deemed medically necessary to assure the safety of my child during any MVPA sponsored activity.

I/we have reviewed the PRODUCTION GUIDELINES (reverse page) and THE RELEASES (above).

I/we understand the guidelines, rules, directions and releases as set forth and will abide by them to the best of our ability. (**Sign & Return one copy, keep the other for your reference.**)

Sign one copy and return it with a completed Medical History Form to the Artistic Director or her designated representative *prior to the participant's first rehearsal.*

Mohawk Valley Performing Arts- MVPA OFFICE COPY

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**Participant's Signature and Custodial Parent/Guardian's signature
(if participant under 18 years old)**