

Dancer Name: _____

HOSANNA PERFORMING ARTS FOUNDATION
Adventures in Narnia 2020

LIABILITY WAIVER

By signing below, I hereby release Hosanna Performing Arts Foundation and their agents or representatives of liability for any injury to my child (or myself) in rehearsal, on the campus, or while participating in the 2020 production of *Adventures in Narnia*. I understand that in the event medical intervention is needed, attempts will be made to contact the person(s) listed on my child's registration form. In the event they cannot be contacted for the health and well-being of my child (or myself), I hereby authorize a representative of Hosanna Performing Arts Foundation to authorize whatever medical treatment might be necessary in an emergency situation. I understand that my medical insurance carrier and I are financially responsible for any medical treatment extended to my child (or myself), and that Hosanna Performing Arts Foundation and its agents or representatives cannot be held accountable or liable for such medical treatment.

I also acknowledge that despite good faith efforts by the foundation or the choreographers, my child may encounter allergens or other environmental agents during the course of rehearsals and the show weekend. This includes—but is not limited to—snacks or meal items and use of stage makeup and hair products. I waive the right to any suit or complaint, demand or damages against the foundation or any agent of the foundation arising from such exposure. I understand that I am responsible for providing alternative products for my child if the foundation-provided items are not suitable for my child's needs.

PARENT AGREEMENT

Additionally, I understand that parent involvement is an important part of the success of *Adventures in Narnia*. I agree that I, or a member of my family, will be present at all required parent meetings and will participate in volunteering and donating items needed in order to provide the best quality production and positive show experience for dancers, other volunteers, and audience members. I understand that a parent packet will be distributed to families and will require my signature and approval.

MEDIA RELEASE

I furthermore give Hosanna Performing Arts Foundation and Mark Willett Photography authority to use my child's image in photographs, videos, and web pages for promotional purposes.

HOSANNA DANCE STUDIO LIABILITY WAIVER & MEDIA RELEASE
Adventures in Narnia 2020

By signing below, I hereby release Hosanna Dance studio and their agents or representatives of liability for any injury to my child (or myself) in rehearsal, on the campus, or while participating in the 2020 production of *Adventures in Narnia*. I understand that in the event medical intervention is needed, attempts will be made to contact the person(s) listed on my child's registration form. In the event they cannot be contacted for the health and well-being of my child (or myself), I hereby authorize a representative of Hosanna Dance Studio to authorize whatever medical treatment might be necessary in an emergency situation. I understand that my medical insurance carrier and I are financially responsible for any medical treatment extended to my child (or myself), and that Hosanna Dance Studio and its agents or representatives cannot be held accountable or liable for such medical treatment. I furthermore give Hosanna Dance Studio authority to use my child's image in photographs, videos, and web pages for promotional purposes.

Parent or Guardian Signature (unless participant is more than 18 years old)

Date: _____

Dancer Name: _____

HOSANNA PERFORMING ARTS FOUNDATION
Adventures in Narnia 2020

COVID-19 HEALTH GUIDELINES

By signing below, I and my dancer understand and agree to submit to any and all health guidelines set forth by the Hosanna Performing Arts Foundation regarding precautions against the spread of COVID-19. The guidelines may include wearing a mask at rehearsals, social distancing protocols, taking temperatures, limiting the number of dancers and/or parents at rehearsals, cleaning and sanitizing protocols, and other health guidelines recommended by public health authorities. We understand that rehearsals and performances will take place at locations not owned or operated by the Hosanna Performing Arts Foundation, and as such agree to practice guidelines set forth by any of the facilities where rehearsals and performances take place. We understand these policies may change at any time, and agree to abide by all such guidelines at the time they are communicated.

Parent or Guardian Signature (unless participant is more than 18 years old) Date: _____

COVID-19 LIABILITY WAIVER

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Hosanna Performing Arts Foundation and Hosanna Dance Studio (Organizations) adhere to comply.

By signing below I / Dancer agree to the following:

Dancer is fully and personally responsible for their own safety and actions while and during their participation and we recognize that they may be at risk of contracting COVID-19.

With full knowledge of the risks involved, we hereby release, waive, discharge the Organizations, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by the Dancer related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

We agree to indemnify, defend, and hold harmless the Organizations from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Parent or Guardian Signature (unless participant is more than 18 years old) Date: _____