Young Dancers Workshop, Presented by the GHS Dance Booster Club
Release of Liability/Acknowledgement of Risk

I/we understand that participation in Dance constitutes a risk to/of injury and or serious injury, including without limitation permanent paralysis or death.

I/we voluntarily recognize, accept and assume these risks and release and agree to hold harmless Greenwich High School, Civic Center/Town of Greenwich, Dance Pointe, GHS Dance Booster Club and the 2025 organizers, coaches, their officers and other representatives from any liability, suits, action, claims, costs, expenses (including medical and legal expenses), damages, losses of any nature now or later arising out of or directly or indirectly related to participation, observation, presence by anyone, in of, or at the sport or related activities, or medical treatment or procedure arising out of any of the above.

Print Dancers Name:_____

Dancer's Signature (if of the age of 18) _____

Date: _____

Print Parent Name: _____

Parent Signature: _____

Date: _____

Emergency Medical Authorization

Print Dancers Name: _____ D.O.B: _____

I hereby give my consent for the administration of any emergency treatment deemed necessary or recommended by the available licensed physician or dentist for the above-named dancer for any injury that could arise from participation in the 2025 Young Dancers Workshop.

Parent Signature: _____ Date: _____

Cell Number:_____

Home Address: _____

Dancer's Grade: 2025-2026: _____

Above said dancer is covered by the following insurance company

Name of Carrier: _____

Policy Number:_____

Any known allergies/medical conditions:

_____