Urban Bush Women BOLD Program
Participant Waiver of Liability and Assumption of Risk

I understand that participation in the Urban Bush Women BOLD program residency ("Program"), including workshops, rehearsals, demonstrations, performances, and related activities, involves physical movement, dance, travel between campus spaces, and interaction with other participants and members of the public. I recognize that participation may involve risk of physical injury, illness, or property loss.

In consideration of being permitted to attend or participate in the Program, I, on behalf of myself, my family, estate, heirs, representatives, and assigns, hereby:

1. Assume all risks associated with my participation in the Program, including risks of accident, injury, illness, death or property damage.
2. Release and discharge St. Olaf College, its Board of Regents, employees, independent contractors, instructors, agents, and representatives (collectively, the "Released Parties") from any and all claims, demands, actions, or causes of action arising from or related to my participation in the Program.
3. Waive the right to sue the Released Parties for any injury, loss, or damage I may incur as a result of my attendance or participation in the Program.
4. Agree to defend and indemnify the Released Parties from any claims or damages arising out of my own negligent or intentional acts during the Program.

I represent and warrant that:

- I am physically and mentally able to participate in Program activities.
- I will follow all rules, instructions, and safety protocols communicated by Program staff or College officials.
- I am responsible for determining whether I am fit to participate in any specific activity.

If I am signing on behalf of a minor, I certify that I am the parent or legal guardian of the minor, and on behalf of myself and the minor, I agree to the terms above. I agree to defend and indemnify the Released Parties from any claims or damages arising out of the negligent or intentional acts of myself or the minor during the Program.

I understand this Waiver is intended to be as broad and inclusive as permitted by Minnesota law, and that if any portion is held unenforceable, the remainder shall continue in full force and effect.

Venue for any legal proceedings related to this Waiver shall be in the state of Minnesota.

Participant Signature (or signature of Parent/Guardian of minor participant):

_____ Date: _____
Print Name: _____
Phone: _____
Email: _____