

K-State Contemporary Dance Camp

Consent, Waiver, Release, and Assumption of Risk

*Please print clearly. Completed forms should be turned in by May 26, 2025. They may be **faxed to (785) 532-6899**, **emailed to loch@ksu.edu**, or **mailed to % Stephen Loch, 109 McCain Auditorium, Kansas State University, Manhattan, KS 66506**.*
This form must accompany the enrollment check of \$450 in order to participate.

Name of Participant:

Please specify any accommodations that your child will need to participate in the camp:

Please list the number for a cell phone your child will have in their possession during the Camp (This is NOT mandatory. If provided, the number will be used only for coordinating participants during the Camp. The numbers will be maintained and utilized only by Camp staff):

(____) _____

In consideration of my child being allowed to participate in the K-State Contemporary Dance Camp (the "Camp") on or about May 26 - 30, 2025, I, the undersigned parent or guardian, agree on behalf of myself and my child as follows: (please initial next to the following statements to indicate your agreement)

_____ I and my child are bound by the guidelines and agree that my child must conduct himself/herself in a respectful manner so as not to disrupt or interfere with others' participation. I understand that a failure by my child to comply with the guidelines and/or if my child conducts himself/herself in a disruptive manner, my child may be removed from the Camp, with no refund provided.

_____ I grant my permission for my child to participate in any and all activities conducted in conjunction with the Camp. These activities may include, but are not limited to, auditions, one-on-one or group lessons, rehearsals, performances, and other special engagements. I also grant permission for my child to participate in any surveys designed to improve the quality of the activities of the Camp for future programs.

_____ I hereby WAIVE, RELEASE, AND DISCHARGE for my child and myself, my child's and my heirs, executors, administrators, legal representatives, assigns, and successors in interest ("successors"), Kansas State University, the State of Kansas, the Kansas Board of Regents, and all their agents, officers, employees, and volunteers (all collectively referred to as "releasees"), from all claims, demands, and causes of action of any kind, including claims for negligence which may arise from or be related to my child's participation in the aforementioned activity, including travel to and from events during the Camp.

_____ I and my child fully realize the risks associated with participation in the aforementioned activity, and I and my child fully ASSUME THOSE RISKS, including by way of example, but not limited to: the possibility of serious physical and/or mental trauma or injury (minimal, serious, catastrophic, death), injury from extensive walking, and other harmful interactions with other participants, releasees, or other third parties, including interactions taking place through social media. I also agree and acknowledge that

my child's participation is voluntary, and I will not permit my child to participate unless he or she is medically able, realizing his or her physical limitations and abilities.

_____ I give permission to the releasees to act in my absence to authorize members of the medical profession and any hospital to treat my child for illness or injury suffered during the Camp. Without limiting the foregoing release, waiver, and discharge, I (and on behalf of the successors) specifically hold the releasees harmless in the exercise or non-exercise of such permitted action and related decisions. I shall assume all medical expenses and recognize that no medical insurance is being provided by or through the releasees.

_____ I grant permission for the releasees to store the medications supplied by me or my child in a safe location in order for my child to access it to self-administer or for me to administer myself during the Camp. I understand that I must label all medications with the child's name. I understand that releasees will not dispense or administer or instruct about medications, and take no responsibility for the child's or my administration of any medications. I understand that the releasees will permit access by my child at my child's request to the medications I have supplied.

_____ I waive any rights to and consent to the recording and use of my child's image and likeness by releasees. I understand and voluntarily authorize the releasees to: (1) record my child's participation and appearance on videotape, audio tape, film, photograph, electronic data or image, and/or any other medium (collectively referred to a "Photographs"); (2) use and/or publish my child's name, likeness, voice, biographical material, and/or other private and/or public facts and/or opinions (collectively, "Likeness") in connection with or separate from these Photographs; (3) exhibit and distribute such Photographs and/or Likeness in whole or in part, without restrictions or limitation, for any communications, educational, marketing, advertising, publicizing, promotional, and/or any other purpose which the releasees deem appropriate. I understand and consent that my child's Likeness and any Photographs may be posted on and/or accessible to the public via the Internet and other media. I waive any right that I or my child may have to inspect and/or approve any finished Photographs or Likeness products or the use to which it may be applied, and I understand and consent that neither I nor my child will receive financial compensation in exchange for use of the Photographs and/or Likeness. Without limiting the foregoing releases, waivers, and discharges, I (and on behalf of the successors) specifically hold the releasees harmless from any and all types of liability related to the Photographs and/or Likeness, including without limitation, for negligence or invasion of privacy of any and all types, and for damages to my person, property, and/or reputation, including without limitation damages related to any blurring, distortion, alteration, or optical illusion that may occur and/or be produced in any manner whatsoever.

This document is a continuing consent, waiver, release, and assumption of risk with no limitations or reservations, unless and except those stated herein. Any copy or other reproduction of this document has the full force and effect and is binding as the original.

Signature of Participant

Date

Signature of Parent or Guardian

Date