

LIABILITY WAIVER

Sunday September 8th 2024

By attending The 360 Emergence **STAY,** a Day long with Kate Shela on Sunday September 8th you acknowledge you are participating in an activity that involves physical movement that has inherent risk of bodily injury. You understand you attend at your own choice. I understand the inherent dangers in participating in the dance event and I affirm I am both physically and mentally able to participate and support yourself during the **STAY** daylong. You also take full responsibility for your participation, and your mental and physical well-being and safety during **STAY**.

By signing the Liability Waiver, you also state you are not in a high-risk category or have an underlying condition that puts you at risk. If there is a condition, a recent injury or sickness, or you are pregnant, you are making the choice to attend at your own risk and have permission from your doctor/therapist.

You confirm you have no symptoms such as fever, cough, sore throat (other flu symptoms) within the week before attending and that if symptoms arise prior to or during **STAY** you agree to contact Sue to cancel your attendance.

You release and discharge the Facilitator Kate Shela, The 360 Emergence and team, the Producer Sue Andersen, Urban Waves 5Rhythms with Sue Andersen, Community Creative Movement Inc, all work study crew, 5Rhythms® Global, all **STAY** participants, contractors and Critical Path from all claims and any liability, and take full responsibility for any illness, condition, expenses, loss of income, injury, death, and property damage / loss, connected with your participation in the **STAY** daylong.

I have carefully read this Liability Waiver and fully understand its contents. I am aware that this is a release and waiver of liability and sign it knowingly and of my own free will.

NAME:
PHONE:
DATE OF BIRTH:

SIGNATURE_____ DATE_____