



Raleigh Moves Together Waiver

Dancer's Name (Printed)

Email

Phone Number

Name of School

Age & Grade

Emergency Contact & Emergency Contact's Phone Number

PARENT/LEGAL GUARDIAN: Please read the following, then date and sign:

I hereby understand and acknowledge that the training, programs and events held by Raleigh Moves Together. ("Move It Raleigh") may expose the aforementioned minor (the "Dancer") to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation, including, but not limited to, falls, contact with other participants and equipment, and all other such risks, all being known and appreciated by me. I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that the Dancer is physically fit and mentally capable of performing the physical activity they choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of their participation and Move It Raleigh furnishing services to me, I agree, for the Dancer and anyone entitled to act on their behalf, to HOLD HARMLESS, WAIVE AND RELEASE Move It Raleigh, its members, officers, agents, employees and successors from any responsibility, liabilities, demands or claims of any kind, whether in law or equity, which arise or which may hereafter arise out of their participation in Move It Raleigh training, programs and/or events, whether caused by the negligence of Move It Raleigh or its members, officers, agents, employees, successors, or otherwise. I hereby give permission for images captured during Raleigh Moves Together through video, photo and digital camera, to be used solely for the purposes of Move It Raleigh promotional material and publications. I agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver which shall continue to be enforceable. I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and release of liability and I voluntarily agree to its terms.

Parent/Legal Guardian (Printed Name & Signature) *

Date *

** required*