

Contemporary Dance/Fort Worth  
Waiver of Liability

I, \_\_\_\_\_, agree to indemnify and hold Contemporary Dance/Fort Worth (CD/FW),  
*(Printed name of adult student, or parent/legal guardian of "minor" students under age of 18)*  
and Texas Ballet Theater, and their programs, staff, agents, representatives, employees and or any person or place that holds  
classes, rehearsals or performances related to activities for CD/FW, harmless for any damages incurred during the March 12-14, 2014  
workshops, or during the participation of any future classes, rehearsals or performances produced or presented under the auspices of  
Contemporary Dance/Fort Worth, from any injury of any kind resulting from my participation, and the participation of any "minor"  
student listed under my care below, in CD/FW programs and activities. I understand that in case of illness, injury, accident, or any  
other damage to my person or property while participating in these programs which may require attention by a physician and/or  
hospitalization, I will bear the expense personally or by insurance that I have provided for myself/family members. Any other cost or  
damages resulting from my participation in CD/FW programs, such as the cost of transportation by an emergency vehicle or damages to  
third persons, is also to be paid by me or by my own insurance.

\_\_\_\_\_  
*PRINTED NAME of adult student (OR parent or legal guardian of "minor" student)*

I also agree to indemnify on behalf of a "minor" student in my care:

\_\_\_\_\_  
*PRINTED NAME of "minor" student if applicable (students under age of 18)*

\_\_\_\_\_  
*SIGNATURE of adult student (OR parent/legal guardian of "minor" student)*

\_\_\_\_\_  
*Date Signed*

Agreement of Classroom Protocol

I understand that the accepted practice and methodology of professional dance training entails "hands on" and other forms of physical  
contact with instructors and other students, and that this is necessary for a student to learn at an appropriate pace. I understand that  
if there is currently, or ever would be, any reason why I or my children/family members should not be touched, or should only be  
touched in a specific way, that it is my responsibility to inform EACH instructor as to what is acceptable, and to discuss any related  
physical or psychological issues with them.

\_\_\_\_\_  
*SIGNATURE of adult student (OR parent or guardian of "minor" student)*

\_\_\_\_\_  
*Date Signed*

Statement of Physical Condition and Personal Responsibility

I hereby agree that I, \_\_\_\_\_, (or the above listed "minor" student for which I am responsible) is in  
*(Printed name of adult student or parent/legal guardian of "minor")*  
good physical condition, and receives appropriate medical treatment and annual check-ups, and has any necessary clearance from a  
doctor to participate in an exercise program (such as if recovering from a major injury or illness). I understand that it is my  
responsibility to receive clearance from a medical doctor for any physical conditions that may be of concern, may hinder classroom  
performance, or may place me (or the above student in my care) in unnecessary physical danger. I understand that it is always my  
responsibility to communicate with the instructor as to injuries or illnesses which may impact classroom participation, and that  
ultimately I (or the above student) can choose not to participate in any portion of a class if necessary.

\_\_\_\_\_  
*SIGNATURE of adult student (OR parent or guardian of "minor" student)*

\_\_\_\_\_  
*Date Signed*