

West Windsor Plainsboro Dance Company, Inc.

Release and Waiver of Liability

1. I understand that participation in a dance performance involves physical exercise, exertion, and risk of injury. I agree to waive any claim, and to release the West Windsor Plainsboro Dance Company, Inc. (“WWPDC”), a non-profit corporation, and its affiliate, The Dance Corner, Inc., and each of their owners, members, directors, officers, employees, and representatives from any claim for injuries sustained as a result of instruction, recitals, performances, summer camp, and travel, including injuries claimed to have been caused by the negligence of each. This release and waiver does not apply to any act of willful misconduct or gross negligence.

2. I am physically sound and suffering from no condition, impairment, disease, infirmity, or other illness or injury that would prevent my participation in dance performances or other dance activities and programs. I acknowledge that I have been informed of the recommendation to obtain a physician’s approval for my participation in the dance performance and other dance activities and programs of WWPDC and The Dance Corner, Inc. I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate, or that I have decided to participate in the activities and programs without the approval of my physician, and I do hereby assume all responsibility for my participation in said activities and programs. To the extent that the on-line registration form asks for medical and allergy information, I understand that neither WWPDC nor The Dance Corner, Inc. will retain or use such information.

3. I understand that my participation in dance performances and other dance activities and programs of WWPDC and The Dance Corner, Inc. does not constitute an acknowledgment or indication by either WWPDC or The Dance Corner, Inc. of my physiological wellbeing, or a medical opinion relating thereto.

4. This form supercedes and replaces any release and waiver that I may have signed in the past.

Dated: _____

Signature

Printed Name

Name of Minor if Signing on
His or Her Behalf