

**Adult Waiver**

**UNIVERSITY OF WISCONSIN SYSTEM UNIFORM STATEMENT OF RESPONSIBILITY,  
RELEASE, AND AUTHORIZATION TO PARTICIPATE IN  
UW-Stevens Point Department of Theatre and Dance “Day of Dance”**

Whereas, I desire to participate in Programs sponsored by the University of Wisconsin Stevens Point and the University has approved my participation in these Programs during the period of 9:00 am – 4:30 pm on Saturday, April 25th, 2020, I hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in these Sponsored Programs;
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in these Sponsored Programs including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency;
- 3) Accident and health insurance including medical evacuation insurance are recommended for my participation in these Programs. I understand that the University encourages me to have appropriate insurance coverage for the entire time of these Sponsored Programs;
- 4) I agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University;
- 5) I understand and agree that my participation in this Program may be terminated by the University with no refund of fees if I fail to maintain acceptable standards of conduct as established by the University and I accept responsibility for the costs of returning home if I am terminated under these circumstances;
- 6) I understand and agree that the University may make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes;
- 7) I voluntarily indemnify and hold harmless the University of Wisconsin Stevens Point, the Board of Regents of the University of Wisconsin System (Board of Regents), their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in the Program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
- 8) I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Minor Waiver**  
**UNIVERSITY OF WISCONSIN SYSTEM UNIFORM STATEMENT OF RESPONSIBILITY,  
RELEASE, AND AUTHORIZATION  
TO PARTICIPATE IN  
UW-Stevens Point Department of Theatre and Dance “Day of Dance”**

Whereas, I desire for my child/ward to participate in the “**Day of Dance**” sponsored by the University of Wisconsin Stevens Point, and the University has approved their participation in the Program during the period of 9:00 am – 4:30 pm on Saturday, April 25th, 2020, I hereby agree as follows:

- 1) I assume full legal and financial responsibility for their participation in this Program;
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve his/her health or safety during their participation in the Program including authorizing medical treatment on their/my behalf and at my expense and returning him/her home at my own expense for medical treatment or in case of an emergency;
- 3) Accident and health insurance are recommended for his/her participation in the Program. I understand that the University encourages me to have appropriate insurance coverage for my child/ward for the entire time of the Program;
- 4) I agree my child/ward must conform to all applicable policies, rules, regulations and standards of conduct as established by the University;
- 5) I understand and agree that his/her participation in the Program may be terminated by the University with no refund of fees if he/she fails to maintain acceptable standards of conduct as established by the University and I accept responsibility for the costs of returning home if he/she is terminated under these circumstances;
- 6) I understand and agree that the University may make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes;
- 7) I voluntarily indemnify and hold harmless the University of Wisconsin Stevens Point, the Board of Regents of the University of Wisconsin System (Board of Regents), their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my child/ward’s participation in the Program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
- 8) I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Activity Waiver for All

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, \_\_\_\_\_ (print name & age), desire to participate voluntarily in **“Day of Dance”** 9:00 am – 4:30 pm on Saturday, April 25th, 2020, at the University of Wisconsin–Stevens Point.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE DEPARTMENT OF THEATRE AND DANCE AT UW-STEVENS POINT, AT TELEPHONE NUMBER 715-3456-4429.

### Assumption of Risks:

I understand that physical activity related to **“Day of Dance”/dancing**, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature (Parent or Guardian** if Participant is Under 18): \_\_\_\_\_

Date: \_\_\_\_\_

### Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in **“Day of Dance”**, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Stevens Point, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Stevens Point, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their reckless and intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature (Parent or Guardian** if Participant is Under 18): \_\_\_\_\_

Date: \_\_\_\_\_

**Consent for Emergency Treatment:**

I authorize the University of Wisconsin-Stevens Point and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature (Parent or Guardian** if Participant is Under 18): \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_