**Lake Washington High School Dance Team Booster Club**

**Open Dance Clinic Release & Waiver**

This Release & Waiver (the “Release”) is required for any student to participate in the Lake Washington Dance Team Open Dance Clinic (the “Dance Clinic”). Please complete and return the Release upon arrival to the Dance Clinic at the Lake Washington High School (“LWHS”).

**WARNING OF RISKS ASSOCIATED WITH THE DANCE CLINIC**

The Dance Clinic requires its participants to engage in the physical activity necessary to learn dance techniques and choreography. Participants must recognize there are risks inherent with all types of dancing. Participants must assume those risks of property injury or death which may include **but are not limited to**: slips, trips, and falls, overextending muscular/physical ability, horseplay, accidents or injuries caused by other participants.

**LWHS CANNOT GUARANTEE PARTICIPANT SAFETY**

LWHS cannot guarantee the absolute safety of individuals choosing to participate in an event containing inherent risks of injury, such as the Dance Clinic. LWHS insists that all participants follow its safety rules and policies at all times during the Dance Clinic.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

After reading the above, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student) are aware of the risks and potential for unforeseen risks associated with participating in the Dance Clinic on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date).

**By signing below I expressly assume the risk, legal liability and waive, release and discharge Lake Washington School District, Lake Washington High School, Lake Washington Dance Team Booster Club, Lake Washington Dance Team, and any of the foregoing entities’ employees, representatives, and/or agents from all claims for damages or loss, including personal injury or death that could be made on behalf of myself, my spouse, my heirs or my executors, as a result of my participation in the Dance Clinic, whether caused by the negligence of LWHS, condition of LWHS’s premises, Dance Clinic conditions, other participants or otherwise.**

I understand that I have given up substantial rights by signing this Release and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Participant/Student Name:

Participant/Student Signature:

Date:

Participant’s Legal Guardian/Parent Name:

Participant’s Legal Guardian/Parent Signature:

Date: