

*daCi USA 5<sup>th</sup> National Gathering wishes to be responsible about hosting children without their parents. We assume that each director bringing a group has information on each of their students. We assume that every registrant is able to fully participate. Directors bringing a group may wish to have more contact or medical info on each of their participants, adults and children alike, including powers of attorney and medical history.*

**RELEASE FORMS – DUE AT CHECK IN** from each Person attending the Gathering in any role: Youth University, Adult, Chaperone, Teacher

***Minors must have these forms signed by a parent or a guardian or they may not participate.***

**Participant's Name** \_\_\_\_\_

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

**Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_

## **Liability Release**

I, \_\_\_\_\_ (first and last name), am a voluntary participant in the activities of the dance and the Child international Gathering "Forms Unfolding: Dancing in the Emerald City" for the period of June 26-29 2014.

I hereby am forever releasing and agreeing not to sue Housing and Food Services and/or the University of Washington relating to any and all claims arising as a result of my participation in the daCi USA 5<sup>th</sup> National Gathering and/or my presence on the University of Washington campus.

I have read the daCi USA 5<sup>th</sup> National Gathering Program Information, and I agree for myself to, and/or hereby give my permission for my child/children, to participate in the activities outlined therein. I understand that participation in this program is at the discretion of the Board of Directors of daCi USA and can be terminated by them without completion. I hereby am forever releasing and agreeing not to sue daCi USA, and/or the Gathering faculty, their trustees, directors, officers, employees and agents for any and all liability for injury, loss, damage, obligation, expense, or penalty which I sustain in connection with dance activities or any other activity incurred during, before, or after workshops, classes, rehearsals or performances.

## Photo/Media Release

**The Gathering will be documented using a variety of media.** I hereby give and forever grant permission to daCi USA and its authorized agents to film, photograph, or otherwise record me or my child's participation during the daCi USA 5<sup>th</sup> National Gathering at the University of Washington, Seattle, June 26-29 2014. I understand and agree that daCi USA or its authorized agents may use any film, photos, or other records, which may contain me or my child's image or voice for publicity, educational, or research purposes. The right shall include the right to combine my likeness with others and to alter my likeness, by digital means or otherwise, for the purposes set forth herein. In consideration of the printing/production deadlines, I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with my image and video. All film, photographs or recordings shall be the sole property of daCi USA.

## Medical Release

I hereby certify that I am, or my child is, in good health and may participate in physical activity. I have listed any health considerations below for information purposes only. I hereby give permission for emergency medical treatment. I understand that daCi USA 5<sup>th</sup> National Gathering does not hold insurance and hereby certify that myself and my child(ren) are covered by medical and accident insurance.

**Signature (Parent of Minor or Participant)**\_\_\_\_\_

**Print Name**\_\_\_\_\_

**Emergency Contact** (every person must have emergency contacts, adults and children)

**Contact 1: Name**\_\_\_\_\_ **Cell**\_\_\_\_\_

**Contact 2: Name**\_\_\_\_\_ **Cell**\_\_\_\_\_

## Health Problems/Allergies

Please consider the following medical conditions when listing health issues: Heart Condition, or disease, Asthma, Diabetes, Seizure Disorder, Allergy to Medications, Allergy to Insect Stings, **FOOD ALLERGIES**. If children have these or other serious health considerations, please explain the situation in the space below, listing any current medications, or dealing with any special restrictions or limitations, or treatments that should be followed during the course of the day. All

participants are responsible for their own level of participation; the Gathering cannot administer medication, monitor eating habits, or prohibit participants from activities. Minors traveling with groups should have more medical information on file with them.