



## 2018 – 2019 Liability Release

### Responsibilities of Participants

As with every activity, there are risks involved in participating in color guard. If you participate in a Field of View Performing Arts, Inc. (FOV) summer camp, dance class, audition, practice, or performance you accept all risks and release FOV from any liability. Before participating, you should consider the following:

1. FOV desires to conduct its activities in a safe manner and expects your cooperation. Therefore, you must follow certain basic safety rules while with FOV:

- A. Wear appropriate exercise clothing.
- B. Remove any jewelry that could potentially interfere with your participation. Jewelry can be damaged when marching, dancing, spinning or performing. It can also create individual safety concerns.
- C. Follow all instructions and directions given to you by the instructional staff.
- D. When broadening your skill set, do so only under the direct supervision and consultation of an instructor.
- E. Be respectful and mindful of the facility and equipment. Please pick up all trash. Return everything you use to the place where you found it. If the facility has a no-smoking policy, adhere to it as well.
- F. Eat appropriately before arriving. Bring appropriate liquids and lunch foods for use during breaks. It is your responsibility to be prepared for the physical activity involved.

2. FOV instructors and support staff are volunteers who lead and conduct the events for the benefit of all. Your decision to participate and, at every point, to continue to participate is yours alone. The instructors and support staff will help you with arrangements to carry out your decision, consistent with the resources and welfare of the group.

3. By registering for an event, you indicate you have the ability to complete the event safely. If you find conditions more difficult than you are prepared for, you should arrange with an instructor to modify or end your participation.

Liability Release: I (the undersigned) am aware there are risks involved in marching, dancing, and spinning rifles, sabers, and flags. I read and understand the above information. In consideration of my being permitted to participate in FOV activities, I intending to be legally bound, waive and release any and all rights and causes of action that I may have against FOV as well as their respective agents, representatives, and successors for any and all injuries or damages suffered by me during participation in Field of View Performing Arts, Inc. events.

Participant Name (please print) \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

(If participant is under 18 years of age)

Guardian Signature: \_\_\_\_\_



## Participant Information

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

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

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Parent/ Guardian(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

Emergency Contact:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_