

Midland University Liability Release Form

For Participation in Camps, Events, or Club Activities

Name of Event/Camp: **Shake It Up Dance Clinic**

Participant's Name: _____

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above-named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

By checking the box below, I agree to all Terms and Conditions of Midland University.

I agree to all Terms and Conditions

Signature(If under the age of 18 signed by parent): _____

Date: _____