



East-Central Conference @ Ohio University 2014

You will not be permitted to participate in ACDFA without a signed Liability Waiver Form

Every conference participant must complete, sign, and date this form before participating in any conference activity. Please send to Ohio University Division of Dance by January 31, 2014

via mail: Ohio University School of Dance -OR- via fax 740-593-0749

attn. Teresa Holland

137 Putnam Hall

Athens, OH 45701.

LIABILITY RELEASE

I, _____, do hereby discharge, release, waive and agree not to sue Ohio University and the American College Dance Festival Association and their trustees, directors, officers, employees, and agents ("Releasees") from any and all liability for injury, loss, damage, obligation, expense, or penalty, including attorneys' fees, that I may sustain in connection with my participation in the ACDFA East Central Region Conference . **WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES, OR OTHERWISE.**

I understand that Releasees do not have medical personnel available at the Ohio University campus and I grant Releasees permission to authorize emergency medical treatment, if necessary. I understand that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

I hereby further agree that this Release shall be construed in accordance with the laws of the State of **OHIO**. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

In signing this Release, I acknowledge and represent that I have read the contents of the foregoing Release, that I understand it and that I sign it voluntarily as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**THIS IS A RELEASE AND WAIVER OF LEGAL RIGHTS
READ BEFORE SIGNING**

Faculty Rep. Signature: _____

Name (print): _____

Date: _____

Institution: _____

You must have ALL participants date and sign on next page- all signed waiver pages must reach us by January 31, 2014

Institution : _____

Name (print): _____ Date: _____ Signature _____

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