

## Safiyyah Dance Camp PARTICIPANT CONSENT FORM

I, \_\_\_\_\_, understand that any person participating in Safiyyah Dance Camp takes certain inherent risks. These include, but are not limited to sprains, bruises, pulled muscles, and broken bones. Participation in this Camp indicates the acceptance of such risks by participants. Therefore by virtue of entering this event, it is agreed that participants will not hold Safiyyah Dance, LLC or its officers, directors, officials, staff or employees responsible for injuries sustained or illness contracted by them while in attendance and/or participating in any activity related to a Safiyyah Dance Camp. Safiyyah Dance, LLC and the hosting facility are not responsible for personal injury to either contestants or spectators. Safiyyah Dance, LLC is not responsible for lost or stolen property. Do not leave your property and valuables unattended.

I, \_\_\_\_\_, understand that participants by virtue of entering a Safiyyah Dance Camp give their permission and consent to the directors of Safiyyah Dance to use their images or photographs or appear in videos, television, or any other electronic media for advertising, news coverage or any other commercial use of our events.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### **Parental Consent Sign Below** (if participant is under 18 years of age)

I hereby give my child permission to enter the Safiyyah Dance Camp and agree to abide by all rules and regulations of this Camp. I have read the rules and regulations, and I understand that violating any of these will result termination from participation in this Camp, and no fees will be refunded. I agree to hold Safiyyah Dance and its affiliates harmless from any and all claims for damages/loss or injury directly or indirectly from participation in this Camp or any event during the Camp. By signing below, I am giving my consent for my child(ren) to participate in the Safiyyah Dance Camp.

1. Child Name \_\_\_\_\_ Date \_\_\_\_\_

2. Child Name \_\_\_\_\_ Date \_\_\_\_\_

3. Child Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

All participant names and parent signature must be provided as an understanding to Safiyyah Dance consent form.

QUESTIONS please call (502) 807-2808 or Email [safiyyahdance@gmail.com](mailto:safiyyahdance@gmail.com)