

# **Young Dancers Workshop**

## **LIABILITY AGREEMENT & MEDICAL RELEASE**

**Upon acceptance all students must complete and return this form as part of their final package due May 31** (receipt date). For students under the age of 18 years, a parent or guardian's signature must accompany the applicant's.

**LIABILITY AGREEMENT** I agree that I will not hold the Bates Dance Festival, Bates College, off campus sites (Lewiston Middle School or New Life Center) or any faculty member or employee of either liable for injuries sustained or illnesses contracted by me while a participant in a Bates Dance Festival program. I agree to indemnify the Bates Dance Festival and its employees for all liabilities, costs and judgments arising from acts or omissions of the undersigned that result in injury or damage to any person or party. I further agree that I will not hold the Bates Dance Festival or Bates College responsible for the loss or damage of personal property while in attendance. I agree to abide by all Bates College regulations and to be financially responsible for lost or damaged Bates College property during my residency. I have read and understand the refund policy and agree that I am only entitled to a refund in accordance with this policy.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL RELEASE:**

I understand that as the parent/guardian of \_\_\_\_\_ the Bates Dance Festival will make every attempt to contact me in the event of a medical emergency. In the event that I am unreachable, I hereby authorize the Festival Staff to sign for medical care for my daughter/son and for a member of the YDW staff to drive my daughter/son to a medical treatment center, if necessary.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_  
Parent Name (please print) \_\_\_\_\_  
In case of Emergency contact: \_\_\_\_\_  
Relation \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**MEDICAL INFORMATION**

In order for our staff to best serve your needs we ask that you share information with us regarding any current physical or mental health issues including medication, if any, that you will be taking during your stay with us. This information will be kept strictly confidential.

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