

**Day of Dance
Accident Waiver and Release of Liability Form**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT. Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities involved, from dangerous or defective equipment or property owned, maintained, or controlled by Genesis HealthCare System and The Colony Square Mall, or because of their possible liability without fault.

I certify that I have not been advised to not participate by a qualified medical professional, and that there are not health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration for my participation in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows.

- A. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons involved, for my death, disability, personal injury, property damage, property theft, or actions or any kind which may hereafter occur to me.
- B. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons involved from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by negligence or otherwise.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Genesis HealthCare System.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Name Signature/Date

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

CHILD'S NAME AGE SIGNATURE OF PARENT/GUARDIAN/DATE