



Archangel Michael Greek Dance Troupe
 100 Fairway Drive, Port Washington, NY 11050
greekdance@archangelmichaelchurch.org

DANCE TROUPE CONSENT FORM

DANCER'S NAME: _____ BIRTH DATE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____

FAMILY DOCTOR'S NAME: _____ TEL: _____

EMAIL: _____

My son/daughter has the following allergies (including drug allergies): _____

IN CONSIDERATION of being permitted to participate in the Archangel Michael Greek Dance Troupe program (hereinafter referred to as the "Greek Dance Troupe") the above-named registrant Dancer (hereinafter referred to as the "Dancer") and I, the undersigned parent(s)/guardian(s) agree to the terms of this waiver form. As parent/guardian of the Dance, I am familiar with his/her wishes to participate in the Greek Dance Troupe program. I am aware that with participation in dance comes the risk of injury to the Dancer. In addition, I am aware that participation in the Greek Dance Troupe may involve travel to and from an activity or event.

The Dancer and I acknowledge and accept the risks inherent in such athletic participation and the travel involved. With this knowledge in mind, I grant permission to the Dancer to participate and travel.

The Dancer and I assume all risks and hazards incidental and inherent in the conduct of such dance activities and hereby release, waive, discharge, and covenant not to sue, Archangel Michael Greek Orthodox Church of Roslyn Heights, Greek Orthodox Archdiocese of America, Archangel Michael Greek Dance Troupe, and those associated with these entities including but not limited to, the Clergy, Officers, Council Members, Directors, Instructors, Members, Consultants, Supervisors, Managers, Agents, and Employees (hereinafter referred to as the "Releasees") from all liability to the Dancer, his/her personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Dancer, whether caused by the negligence of the Releasees or otherwise while the Dancer is in, upon, or about the premises or any gymnasium, courts, fields, or facilities or using the equipment therein participating in any programs affiliated with the Dance Troupe.

The Dancer and I hereby agree to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, payment of any settlements or the defense of any suits or costs they may incur due to suits including but not limited to attorney fees while the presence of the Dancer is in, upon or about the premises or any facilities or use of equipment or is therein participating in any program affiliated with the Greek Dance Troupe.

I consent to any emergency medical treatment of my child, in the event I cannot be reached in a reasonable time.

The Dancer and I further expressly agree that the foregoing Release, Waiver and Indemnity Agreement is intended to as broad and inclusive as is permitted by the laws of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I herewith acknowledge understanding the Consent Form above and agree to its terms.

 Signature of Parent/Guardian of Dancer

 Date