



CONSENT AND WAIVER

MUST BE RETURNED prior to and as a condition of participating in any Saint Joseph's University Dance Team activities.

I acknowledge that my minor child's participation in the Saint Joseph's University Dance Team's Audition Prep Clinic ("Program") exposes my child ("Participant") to a possible risk of personal injury and, by signing below, consent to Participant's participation in the Program. It is my understanding that said participant will be subject to the rules and regulations of Saint Joseph's University.

In addition, and except as prohibited by law, I hereby waive any and all claims for property damage, personal injuries or other claims arising from or related to Participant's participation in the Program, including claims that are known and unknown, foreseen and unforeseen, future or contingent (collectively referred to herein as "Claims") and, a result of this waiver, hereby release Saint Joseph's University and any of its officials, trustees, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates from any and all liability for such Claims.

I acknowledge that I have read and fully understand this Saint Joseph's University Dance Team Audition Prep Clinic Consent and Waiver ("Waiver") and further understand and agree that my waiver of Claims and release from liability herein will be binding on the Participant, me, my spouse, my other children, my legal representatives and my heirs, successors and assigns.

Therefore, I the undersigned Parent(s) or Legal Guardian of Participant, hereby affirm, and, on behalf of Participant, agree to be bound by the above-stated Waiver and also represent, warrant and agree that that during the minority of Participant and for a reasonable time afterwards, I (we) will use all reasonable efforts to prevent Participant from attempting to or actually disaffirming the Waiver and hereby acknowledge that I/We has/have read the Waiver and are satisfied that it is fair and equitable for the benefit of the Participant ; and I/we will not revoke or rescind this Waiver.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature	Date
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(If under 18 years old, Parent or Guardian must also sign.)