



CONDITIONS OF PARTICIPATION AGREEMENT

All participants must complete these forms in order to attend the program.

Name of Program(s) Attending: **Dance Workshop**

Name of Participant: _____

☐ **Check Here if Participant is a Minor** (under 18 years of age on or before July 15, 2019) (hereinafter "Minor"):

Name of Person Giving Release for Minor ("**Guardian**"):

Guardian's Relationship to Minor (**circle one**): Father / Mother / Legal Guardian

I. PROGRAM

Dance Workshop: Point Park University's Dance Workshop is a comprehensive dance program that specializes in Ballet, Jazz and Modern. The curriculum includes daily technique classes in Ballet, Jazz and Modern, supplemented by Pointe and Tap classes. The Dance Workshop will run from July 15 to July 26, 2019. The Program and Related Functions shall collectively be referred to hereinafter as the "Program."

There are inherent risks and dangers of participation in the Program, including, but not limited to, broken bones, soft tissue damage, stress put on joints, muscles, and other body parts, torn muscles and/or ligaments, sprains, posture, hip and knee injuries, emotional distress, eye damage, cuts, wounds, scrapes, abrasions, and/or spinal injuries, animal bite or attack, insect bite or allergic reaction, shock, electrocution, paralysis, drowning, and/or death. During an activity, the Participant may experience fatigue, chill and/or dizziness which may diminish the Participant's reaction time and increase the risk of an accident. Moreover, certain foreseeable and unforeseeable events can contribute to the unpredictability and the inherent risks and dangers associated with the Program.

Please read this document, including exhibits, carefully and, if you understand and consent to the conditions set forth herein, please initial, sign and date in the appropriate locations. Every applicable section must be completed.

II. CONSENT FOR MINOR'S FULL PARTICIPATION IN PROGRAM

By initialing below Guardian gives his/her permission for Minor to participate in the Program.

_____ (initial here)

III. CONSENT TO FULLY RELEASE POINT PARK UNIVERSITY FROM CLAIMS

DISCLAIMER

I understand and acknowledge that Point Park University, its principals, directors, officers, agents, employees, members and volunteers (the "University") are not responsible for any injury, death, loss, theft, or damage sustained by me/Minor while participating in the Program.

ACKNOWLEDGMENT OF RISKS

I acknowledge that I have reviewed the Program(s), checked above, its curriculum and Related Functions, the physical environment and conditions under which the Program will be conducted and this Conditions of Participation Agreement and understand and approve the anticipated activities of Participants in the Program.

_____ (initial here)

ASSUMPTION OF RISKS

In recognition of the inherent risks of which I/Minor will engage in, I voluntarily assume the risk by choosing to participate in the Program or by allowing Minor to participate in the Program. I understand that the University does not assume any risk or liability due to my/Minor's participation in the Program. These risks include, but are not limited to, the following:

1. The risks associated with travel to and from location(s) to be visited during the Program, including transportation provided by commercial, private and/or public means, including, but not limited to, airplanes, buses, taxicabs, and limousines.

_____ (initial here)

2. Theft or loss of personal property during the Program or any Program related travel.

_____ (initial here)

INDEMNIFICATION AND RELEASE OF LIABILITY

I voluntarily consent to participate in the Program/voluntarily allow Minor to participate in the Program. In consideration of the University's acceptance of my/Minor's participation in the Program, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with, or related to my/Minor's participation in the Program, even though such risks may be or may have been caused by the negligence of the University. This assumption and acceptance of all risks include, without limitation, any medical expenses that I/Minor may incur as a result of my/Minor's personal injury or illness.

_____ (initial here)

2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS, OR DAMAGE** which I/Minor might sustain while participating in the Program.

_____ (initial here)

3. **TO REMISE, RELEASE AND FOREVER DISCHARGE** the University, its principals, directors, officers, agents, employees, members and volunteers, and each and every land owner, municipal

and/or government agency upon whose property the Program is conducted, from all liability, actions, causes of action, suits, judgments, claims and demands and **FOREVER WAIVE** any claim for damage arising from any cause whatsoever even though such liability, actions, causes of action, suits, judgments, claims and demands may have been caused by the University and/or its principals, directors, officers, agents employees and volunteers.

_____ (initial here)

ACKNOWLEDGEMENT

I have carefully read the above document, including the language set forth in the sections entitled “program” and “consent to fully release Point Park University from claims” AND the SUBSECTIONS ENTITLED “disclaimer,” “acknowledgment of risks,” “assumption of risks,” and “indemnification and release of liability” and fully recognize and understand the terms, conditions and risks set forth in these sections and subsections.

I am signing this agreement freely and voluntarily, with the intent to be legally bound, and that I intend my initial below and/or my signature at the end of this document to be a complete and unconditional release of liability for any and all negligent actions of the University and that I am giving up my right to sue the University for negligence. I understand that, if the terms of this agreement are unacceptable to me, I should not participate or allow Minor to participate, and I/Minor will not be permitted to participate, in the program.

Important – by signing below, you acknowledge and agree that you have read the entire conditions of participation agreement, including exhibits and/or discussed the entire conditions of participation with minor, including exhibits, and that you/minor understand the terms and conditions set forth herein.

Name of Participant: _____

Name of Guardian: _____

Signature of Participant or Guardian: _____

Date: _____ month/day/year



PUBLIC RELATIONS/PROMOTIONAL

1. Subsequent to the completion of the Program, the University may use photographs or videos taken of you/Minor in public places during the Program for promotional purposes. By participating in the Program, you agree to the release of your/Minor's images to the University.
2. The University, on occasion, provides Participant names and other information to local U.S. media. By participating in the Program, you agree that the University may provide your/Minor's information to local U.S. media.
3. I hereby authorize Point Park University to use my comments as recorded, name and other information provided without expectation of any consideration whatsoever. I further understand and acknowledge that my comments, name and other information provided may be used by Point Park University without limitation or restriction in perpetuity for institutional publicity and marketing, including Internet and supplementary literary material, and other purposes. I represent that I am 18 years of age or older."

Signature of student: _____

Name (Print): _____

Signature of **parent** if student is under 18:

Name (Print): _____

Hometown (city, state, country): _____

Date: _____ (initial here)

If you object to the University using any of the above information, photographs, video, comments or testimonials you must state your objection in writing and mail it, along with other requested information, to Point Park Dance Workshop – 201 Wood St – Pittsburgh, PA 15222:

If you attended the Dance Workshop in the past and would be willing to say a few words about the experience, as a parent or a student, please make comments below. It may be selected for publication on our website or brochures.

TESTIMONIAL: _____

Dance Workshop

11:00 am TIMESLOT

PRINT

FIRST NAME

LAST NAME

Please confirm and check below what you want to take from 11 to 12.

Please select only (1) one option.

PLEASE CHECK ONLY ONE BOX - This is for the 11:00 timeslot.

Box A - ☐ Pointe Class (5 days per week Mon thru Fri)

Box B - ☐ Strength Class (5 days per week Mon thru Fri)

Box C - ☐ Pointe & Tap Class (Pointe 3 days per week Mon, Wed & Fri)
Tap Class (2 days per week Tues & Thurs)

Box D - ☐ Strength & Tap Class (Strength 3 days per week Mon, Wed & Fri)
Tap Class (2 days per week Tues & Thurs)

Please return with the rest of the forms or

Mail: 201 Wood St, Pittsburgh, PA 15222

Email: mshahen@pointpark.edu

or FAX: 412-392-3803



EMERGENCY CONTACT, MEDICAL INFORMATION, AND CONSENT TO TREAT FORM

Participant's name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

GUARDIAN CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: Day _____ Evening _____ Cell _____

Email Work: _____ Personal Email: _____

**PERTINENT MEDICAL HISTORY OF PARTICIPANT INCLUDING PREVIOUS INJURIES,
PHYSICAL WEAKNESS OR MEDICAL CONCERNS:**

ALLERGIES (food/medicine/environmental): _____

ACCESSIBILITY NEEDS: _____

MEDICATIONS/PRESCRIPTIONS TAKEN AND DOSAGE: _____

INJURIES/MEDICAL CONDITIONS: _____

MEDICAL INSURANCE (You may attach a copy of medical card)

INSURANCE CARRIER: _____ CARRIER PHONE: _____

COMPANY ADDRESS: _____

POLICY/GROUP NUMBERS: _____

I, _____, give my permission for me/Minor to receive emergency medical treatment as deemed necessary/advisable by an employee, faculty member or agent of Point Park University at a hospital, clinic, urgent care facility, physician's office or other similar facility and authorize the release of any available medical information regarding such Participant as necessary to facilitate such treatment. Any medical expenses that I/Minor may incur due to personal injury or illness are my financial responsibility and not that of the University and/or the Program. I understand and acknowledge that neither the nurse nor any other members of the University or Program's staffs are permitted to store, dispense or administer any medicines.

☐ Please check this box if you do not have medical coverage.

SIGNATURE: _____

PRINT NAME: _____ DATE: _____

LADIES' DRESS CODE

Regulation attire is required for all classes. This is to enable both the instructor and the student to monitor body alignment, placement and weight and to present the class in a professional manner to visitors and onlookers.

- All clothing and shoes should be marked with the student's name.
- Leg and foot braces and wrappings may not be worn. Students with recent or chronic injuries should consider carefully their participation in this intensive program.
- Eyeglasses will not be permitted during performances. Contact lenses are recommended.

The following dress codes will be enforced for all classes. Students not following dress code will be asked to leave the class.

General Attire

- Makeup should be kept to a minimum.
- **All jewelry should be removed before starting class.** This includes wristwatches, necklaces, rings, and piercings. Very small earrings will be permitted.
- Nail polish, if worn, should be clear.
- Bras with clear or plastic straps will not be permitted.

Ballet & Pointe

- **Hair must be secured neatly** in a bun, twist or otherwise held away from the face. Bangs must be gelled or sprayed away from the face.
- **Solid-colored leotard** in a style appropriate for classical ballet (e.g., no decorative trim, no turtle necks, no high-cut legs, no extremely low-cut backs, no double/crisscross/halter straps, no keyhole/banded/see-through backs.)
- **Pink, footed tights.**
- **Pink ballet shoes with elastics sewn.**
- **Pink pointe shoes, if appropriate, with elastics and ribbons sewn.**
- Short ballet skirts may, at the sole discretion of the instructor, be worn in Pointe
- **Skirts shall, under no circumstances, be worn in ballet technique classes.**
- Form-fitting knitted warmers may, at the sole discretion of the instructor, be worn until the tendu exercises have been completed.

Jazz/ Tap

- Hair must be secured neatly in bun, twist, ponytail or otherwise held away from the face. Bangs must be gelled or sprayed away from the face.
- **Solid-colored leotard** without decorative trim.
- **Black tights or full-length dance pants free of logos and/or words.**
(Shorts, crop-tops, cut-off sweatpants, and exposed sports bras will not be permitted in the studios.)
- **Jazz shoes** must enable the dancers to point their feet and turn without undue friction.
- **Tap shoes** shall be leather and must be checked for loose screws prior to each class.
- Form-fitting knitted warmers may, at the sole discretion of the instructor, be worn until the warm-up exercises have been completed.

Modern

- Hair must be secured neatly as directed by the instructor.
- Solid-colored leotard without decorative trim or T-shirt free of logos, pictures and/or words.
- Black footless tights, bicycle shorts, or yoga pants, free of logos and/or words.
- Kneepads may be worn in Modern classes.
- Form-fitting knitted warmers may, at the sole discretion of the instructor, be worn until the warm-up exercises have been completed.