

PARTICIPANT AGREEMENT & WAIVER

**** Adult ****

Activity:

_____ (course number / event title)

Date(s)/Time(s):

Activity Leader:

Location:

Unless otherwise noted, dance instruction and related activities are held in departmental instructional studios that include barres, mirrors, stage curtains, musical instruments, and other performance production equipment.

Participant (print name):

I am 18 years or older and able to consent to the following agreement & waiver.

The Participant named above has requested and been accepted to participate in the stated activity sponsored by the University of Department of Dance and agrees to the following.

I acknowledge that this activity includes risk of accidents such as trip-and-fall, bodily collision, falling from an elevated position, etc. which could result in injury such as bruising/swelling, sprains, strains, broken bones, concussions, and associated complications (including death). I understand that other risks include potential illness from exposure to communicable disease (including COVID-19). I represent that I am capable, with or without reasonable accommodation, of undertaking this event.

I will observe all rules and guidelines regarding appropriate use of facilities and equipment. I also agree to follow all safety instructions from class instructors, event organizers, and/or University of Washington personnel.

I understand and acknowledge that touch-based feedback from the instructor may be offered to activity participants when it supports learning and/or safety. I understand and acknowledge that peer-to-peer contact is common in (but not limited to) dance forms that inherently rely on partnered touch (such as contact improvisation and many social dance practices). Touch-based interaction is always limited to times and locations that are open and observable to other adults. Participants

always have the right to offer, withhold, withdraw, or modify consent to be touched by or to touch another.

I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the University staff. I agree not to make any claim against the University of Washington for injury, damages, or losses other than those arising from demonstrably negligent acts or omissions of the University of Washington, its employees, students and agents acting in the course and scope of the University-imposed duties.

If I am injured, I consent to emergency medical treatment at my own expense.

(Check only if applicable)

- I have attached an additional sheet(s) with clear information regarding medical conditions about which emergency medical personnel should be informed.

Participant Signature

Date

Emergency Contact & Relationship (optional)

Emergency Contact Phone Number

UW Department of Dance

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