

**Liability Release Form**

I, \_\_\_\_\_, hereby acknowledge receipt and agreement with the following terms as a condition of my participation in the \_\_\_\_\_ (EVENT) workshop to be held at the John F. Kennedy Center for the Performing Arts (the "Kennedy Center") on \_\_\_\_\_ (Date) (the "Workshop").

I am advised that I should consult with my personal physician before undertaking the Workshop or any exercise program. I have no physical or medical condition which to my knowledge would endanger myself or others if I participate in the Workshop.

I understand that participating in the Workshop may require mental judgment and a high degree of physical fitness, agility, stamina and strength, and that this may include strenuous exercise. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the class.

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to discharge, release, and hold harmless the Kennedy Center and \_\_\_\_\_ (Dance Company), their respective board members, trustees, officers, employees, agents and independent contractors, and the United States of America, from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys fees, which arise out of, result from, occurring during, or are connected in any manner with my participation in the Workshop.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If the Participant is under 18 years of age, this form must also be signed by a parent or guardian:**

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_