



LIABILITY RELEASE FORM

Participant's Name _____ ("Participant")

Address _____

City, State, Zip _____

Daytime Phone Number (_____) _____

Evening Phone Number (_____) _____

School/Team _____

Parent/Legal Guardian Name (for Participants under the age of 18) _____

I understand that there are risks to participating in the 2016-2017 DANCE TEAM TRYOUTS, conducted by the University of Saint Thomas ("UST") Dance Team, including risk of physical injury and in extreme cases catastrophic injury or death. In consideration of UST allowing me to attend the 2016-2017 DANCE TEAM TRYOUTS, and with the exception of claims for gross negligence and/or willful misconduct, I, on behalf of myself and all my heirs and assigns, agree to release and to hold harmless the University of Saint Thomas, its Dance Team, and all directors, officers, representatives, agents, volunteers and employees of the University of Saint Thomas (collectively "Releasees"), from any and all claims, causes of action, liabilities and costs (including, without limitations, attorney's fees and costs), relating to or arising out of my participation in the 2016-2017 DANCE TEAM TRYOUTS or use of UST property and facilities. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors, and administrators from any and all claims, liabilities and costs, within the scope of the release, asserted by or on behalf of me, or by any of my respective legal representatives, heirs, successors and assigns.

If I suffer an injury or illness while at the 2016-2017 DANCE TEAM TRYOUTS, I understand that I am responsible for the cost of any transportation to a medical facility (including ambulance) and any medical treatment provided to me, whether paid through available insurance or by other means, and that UST is not responsible for the costs of any such transportation or treatment.

I hereby warrant that I have read this Liability Release Form in its entirety and fully understand its contents. I understand that I am signing a complete release and bar to any claims as defined above.

Signature of Participant

X _____ Date: _____

Signature of Parent/Guardian (Required if participant is under 18):

X _____ Date: _____