Victorian Society of Colorado
A Colorado Non-Profit
Liability & Photo Release Form

I understand that there are risks of physical injury and/or illness (including, but not limited to COVID-19) associated with, arising out of and inherent to the activity of dance and physical participation in any activity held by the Victorian Society of Colorado.** In recognition of this acknowledged risk of injury or illness, I knowingly and voluntarily waive all right and / or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to the Victorian Society of Colorado, its Board, officers, agents, employees, instructors, volunteers, contractors and all affiliated entities (hereinafter collectively referred to as the "Victorian Society of Colorado" or VSC).

I hereby agree, on my own behalf if I am 18 years of age or older or on behalf of the minor named below, to release the Victorian Society of Colorado and to hold the VSC harmless of all liability, and hereby acknowledge that **I knowingly and voluntarily assume full responsibility for all risks of illness or physical injury arising out of active participation in dance or any activity on behalf of myself or minor child listed below.** I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation on this date and all future VSC activities.

Further, I testify that **neither I nor minor child named below have knowingly been exposed to COVID-19 or any other communicable disease or illness is the past 10 days, and neither I, nor minor child named below are currently exhibiting or have experienced in the last 10 days symptoms of fever, fatigue, difficulty in breathing, dry cough, or lack of taste or smell.**

Photo Release

I also hereby agree, on my own behalf if I am 18 years of age or older or on behalf of the minor named below, to give the Victorian Society of Colorado permission to use my or minor child's picture in or on any form of electronic or printed promotion without notification to me or any other person.   I waive any right to inspect or approve the finished photographs and I waive any right to royalties or other compensation arising from or related to the use of the photograph, and if signing on behalf of the minor named below, I waive all such rights on behalf of the minor named below.

I hereby agree, on my own behalf if I am 18 years of age or older or on behalf of the minor named below, to release, defend, and hold harmless the Victorian Society of Colorado, in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

_ _ _

The participant named below has my permission to participate in the Victorian Society of Colorado events. I am 18 years of age or older and I am competent to contract in my own name or I am the parent or legal guardian of the minor child named below. If I am a minor, my parent and / or legal guardian has also signed this document **releasing the Victorian Society of Colorado from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity and all future activities with the VSC. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. My signature below is the free and knowledgeable acceptance of the terms of this release.**

Name (please print) _____

Signature _____

Signature of Guardian (if child is under 18 years of age) _____

Date _____