## \*AGREEMENT TO HOLD HARMLESS

The undersigned hereby agrees to indemnify and hold Kara Minnis, Katie Cook, Desiree Libby, Cara Bennett, and Tyyli Bakkila from, and against, any liability due to, or arising from, the use or occupation by the undersigned to the Creative Arts Council at the Creative Arts Center facility, the Creative Arts Dance Studio or other practice places in relation to their child's participation in the dance studios activities.

The undersigned waives any claims against, releasing Kara Minnis, Katie Cook, Alyssa Morales, Desiree Libby, Cara Bennett, and Tyyli Bakkila, the Creative Arts Dance Studio, and the Creative Arts Council for any liability, claim, demand, right or action due to or arising out of the designated use specified above. The undersigned hereby indemnifies releasing Kara Minnis, Katie Cook, Desiree Libby, Cara Bennett, Tyyli Bakkila, the Creative Arts Dance Studio, and the Creative Arts Council from any liability, including costs associated with participation by such entities in any lawsuits, to include attorney's fees, which might arise from the use and occupation by the undersigned specified above.

I hereby release and hold harmless, releasing Kara Minnis, Katie Cook, Desiree Libby, Cara Bennett, Tyyli Bakkila, the Creative Arts

Dance Studio, and the Creative Arts C that I am in good physical condition a	•	d or damages resulting from my participat cipate in this program.	ion in this program. I certify
Signature:	Date:	Childs Name:	
(Parent or Guardian if under 18 yrs. o	f age)		
*LEAVING PREMISES WITH ESCORT O	OTHER THAN PARENTS		
I, Center premises;	_, give permission for the	following people to escort my child (child	ren) from the Creative Arts
*LEAVING THE PREMISES UNSUPERV	ISED		
the Creative Arts Center premises uns child's (children's) departure; and am	supervised. In giving this p releasing Kara Minnis, Ka cil, the organization, and i	ny child (children) permission, I agree to assume and accept a pitie Cook, Desiree Libby, Cara Bennett, Tyy ts directors and members, from any respo	ll responsibility for my li Bakkila, the Creative Arts
In case of emergency, my contact nur	nber is:		
HOME:	CELL:		
Parent/Guardian Signature:	Da	ate:	

## \*VIDEO AND PHOTO RELEASE

I hereby grant to the Creative Arts Council, The Creative Arts Dance Studio, employees and agents, assigns permission to photograph and videotape images of (circle one): myself / my minor child \_\_\_\_\_\_\_\_, (printed name) and permission to use any physical likenesses (as the same may appear in any still camera or motion image including voice and other sound recordings produced by me) for promotional and documentation purposes associated with the operations of the Creative Arts Council, the CAC, and Creative Arts Dance Studio including (but not limited to) advertising, social media, and grant writing operations with no restrictions on number of times and dates for which this use applies. I hereby also waive any rights I may have to inspect or approve the finished production, advertising copy, or printed matter associated with the uses with which said images and recordings may be applied.

Signatu	ure:	Date:			
Address	55:				
*WAIVI	/ER/RELEASE FOR COMMUNICABLE DISEASES	INCLUDING COVID-19			
In consi activitie		ehalf of The Creative Arts Dan s, and agrees that and illness from infectious dis	ce Studio's program and related events and eases including but not limited to MRSA, influenza, this risk, the risk of serious illness and death does		
2.	I KNOWINGLY AND FREELY ASSUME ALL SUC THE RELEASEES or others, and assume respo		known. EVEN ARISING FROM THE NEGLIGENCE OF and,		
3.	3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,				
4.	HARMLESS the Creative Arts Dance Studio, the agencies, sponsors, advertisers, and if applic	heir officers, officials, agents, cable, owners and lessors of p SABILITY, DEATH or loss or da	and/or employees, other participants, sponsoring remises used to conduct the event ("RELEASEES"), mage to person or property, WHETHER ARISING		
THAT I	READ THIS RELEASE OF LIABILITY AND ASSUM HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIG EMENT.		r, FULLYUNDERSTAND ITS TERMS, UNDERSTAND Y AND VOLUNTARILY WITHOUT ANY		
Name o	of participant (if over the age of 18):				
Particip	pant signature:				
Date sig	igned:				
FOR PA	ARTICIPANTS OF MINORITY AGE (UNDER AGE	18 AT THE TIME OF REGISTRA	ATION)		
waiver/ to the r these ri all the F and all I	/release to my child/ward including the risks of rules and regulations for protection against cor risks and responsibilities. I for myself, my spous Releasees and myself, my spouse, and child/wa	of presence and participation of mmunicable diseases. Furthe se, and child/ward do consent ward do release and agree to in presence or participation in the	ant, have read and explained the provisions in this and his/her personal responsibilities for adhering rmore, my child/ward understands and accepts and agree to his/her release provided above for ademnify and hold harmless the Releasees for any nese activities as provided above, EVEN IF ARISING		
Name o	of parent/guardian:				
Parent (	guardian/signature:				
Date sig	igned:				