



Informed Consent Waiver

*Must be completed by all Massachusetts Dance Festival workshop participants and performers
It may be submitted upon arrival or with on-line preregistration.*

I understand that I will be undergoing physical exertion while participating in the workshops and classes. I realize that there are remote possibilities of injury or other complications associated with exercise. In exchange for my participation in the rehearsal, I agree to waive and release all claims and causes of actions that I have or may acquire against the Massachusetts Dance Festival, UMass Amherst and Boston University; its trustees, and their officers, employees, or agents thereof for injury, loss, or damage which I may suffer at or which are connected with these workshops and classes.

I have also read and agree to abide by the Procedures and Policies set forth by the Boston University and Massachusetts Festival for this event.

Event Title

Event Organizer Event Date

If Participant is OVER 18 years of Age

Participant's Signature Date

Name (please print) Date of Birth

If Participant is UNDER 18 years of Age

Participant's Name Date

Parent or Legal Guardian's Signature Date

Name (please print)

