DANCE CLINIC
WESTERN CAROLINA UNIVERSITY

LIABILITY RELEASE, WAIVER, ASSUMPTION OF RISK, DISCHARGE,
AND COVENANT NOT TO SUE

This is a legally-binding release made to me, ____________________________, the parent/guardian of ____________________________, To the State of North Carolina, The University of North Carolina, Western Carolina University (WCU), and their governing boards, officers, employees and agents.

I, ____________________________, as the parent/guardian of ____________________________, understand that as a participant of the WCU Dance Clinic, my daughter could possibly incur injuries that may range from minor in nature to fatal. I realize that if my daughter has any physical problem such as a heart condition, hypertension, orthopedic problems, or other medical concerns, that I should consult a licensed physician concerning any limits to my activity. I understand the participation of my daughter in the Dance Clinic and attendance at the October 10, 2015 WCU Football Game are purely voluntary.

I, ____________________________, as the parent/guardian of ____________________________, hereby elect my daughter to voluntarily participate in the WCU Dance Clinic on Saturday, October 10, 2015 fully knowing that conditions may be hazardous, or may become hazardous or dangerous to me or my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained to me or my daughter, or any loss or damage to property owned by me or my daughter, as a result of participation in the WCU Dance Clinic on Saturday, October 10, 2015 or as a result of attending the WCU Football Game on Saturday, October 10, 2015.

In consideration of and return for the opportunity to participate provided to me and my daughter by WCU in the WCU Dance Clinic, I release the State of North Carolina, The University of North Carolina, WCU, and their governing boards, officers, employees, and agents from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this activity. I understand that this release covers liability, claims, and actions caused entirely or in part by any acts or failure to act of the State of North Carolina, The University of North Carolina, WCU or their governing boards, officers, employees, agents, including but not limited to negligence, mistake, or failure to supervise by WCU.

I recognize that this release means I am giving up, among other things, rights to sue the State of North Carolina, the University of North Carolina, WCU and their governing boards, officers, employees, and agents for injuries, damages, or losses that my daughter or I may incur. I also understand that this release binds my heirs, executors, administrators, and assigns, as well as me.

I have read this entire release. I fully understand and I agree to be legally bound by it.
THIS IS A RELEASE OF YOUR RIGHTS. IT RELEASES THE UNIVERSITY FROM ANY LIABILITY RESULTING FROM ANY PARTICIPATION IN THE WESTERN CAROLINA DANCE CLINIC AND ATTENDANCE AT THE WCU FOOTBALL GAME.

________________________________________ DATE __________________________
NAME OF PARTICIPANT

________________________________________ DATE __________________________
SIGNATURE OF PARENT