

The Power of Purple Dance Competition - Elevate MKE, LLC
Competition Waiver Form and Release

I, _____ do hereby acknowledge that my child intends to participate with Elevate MKE LLC. as a part of The Power of Purple Dance Competition. I also acknowledge that he/she will be doing it of their own free will. I realize that participation in athletic endeavors entails the risk of injury to the participants. I accept this risk regardless of the nature of the injury and/or the athletic endeavor in which my child participates.

I acknowledge that the term "athletic endeavor" as used herein includes any dance related activity including, but not limited to drills, stunts, choreography, jumps and gymnastics. I also waive and absolve The Pancreatic Cancer Network, Carroll University and Elevate MKE, LLC., team leaders, advisors, sponsors or volunteers, the staff and/or volunteers of any of the venues in which we practice or perform, or any one or more of them or their executors, administrators, heirs, next of kin, successors or assignee of and from all liability and responsibility for injuries, sickness, accidents and/or natural occurrences during participation in performances and activities with Elevate MKE, LLC.

I understand that each participant is responsible for their own personal health, medical, dental, chiropractic, and accident insurance coverage.

_____ (Please initial) I acknowledge that at Elevate MKE, LLC event, The Power of Purple, pictures may be taken of participants, which may include my child. I authorize Elevate MKE, LLC to use pictures of my child for promotional purposes.

I, intending to be legally bound, do hereby along with my heirs, executor, and administration waive, release and forever discharge any and all rights and claims for damage which my child may have or may hereafter accrue to them against Elevate MKE, LLC the coaches, advisors, sponsors or volunteers, the staff and/or volunteers of any of the venues in which we practice or perform for any damages which my be sustained or suffered by me in connection with my association with or participation in, or rising out of travel to and/or return from any of Elevate MKE, LLC related site or activity affiliated with Elevate MKE, LLC.

Dated this _____ Day of _____, 2_____

Name of Participant _____ (Please print)

Participant's Date of Birth _____

Parent/Guardian Name _____

Address _____

City, State, Zip code _____

Email _____

Signature _____

Emergency Contact Information (Please list 2 contact numbers):

1. Name _____

Phone Number (_____) _____

2. Name _____

Phone Number (_____) _____