

# FLORIDA DANCE ASSOCIATION

Florida Dance Association  
PO Box 9045  
Tampa , FL 33674-9045

## **Waiver of Liability Agreement Florida Dance Association Activity Hosted by Santa Fe College and the University of Florida**

The Florida Dance Association and the host campuses of Santa Fe College and the University of Florida greatly value your safety and emphasize the importance of on-site supervision by teachers and chaperones from each participating FDA member throughout classes, performances, and all transitions between classes and events. As required, each participant will be required to sign waivers for each of the hosting programs. Please recognize that all chaperones bear the responsibility to oversee any under-aged students while on our campuses.

I further hereby AGREE TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the RELEASEES and each of them, from any loss, liability, damage or costs, including court costs and attorneys' fees, they may incur as a result of any claims, demands, actions, causes of action, damages, or judgments, which arise out of, occur during, or are in any way connected with my use of the facility.

In signing this release I ACKNOWLEDGE and REPRESENT that:

- I have read the foregoing release, understand it and sign it voluntarily as my own free act and deed;
- No oral representations, statements or inducements, apart from the foregoing written agreement, have been made;
- I execute this release for full, adequate and complete consideration fully intending to be bound by the same and intending to bind my heirs, successors, assigns, personal representative and estate.
- I agree that this Release, Indemnification, Waiver and Hold Harmless Agreement is to be construed under the laws of the State of Florida, U.S.A. and that venue shall be in Florida. If any portion hereof is held invalid, the balance hereof shall continue in full force and effect.
- I agree to abide by all applicable rules and regulations of the Florida Dance Association and all of its designees.
- Recognize that all chaperones bear the responsibility to oversee any under-aged students while on our campuses.

Participant \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent/ Guardian or Student **if over 18**

\_\_\_\_\_

Witness \_\_\_\_\_