

# FLORIDA DANCE ASSOCIATION

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

## Waiver of Liability Agreement for 2019 Florida Dance Festival

I am fully aware of risks and hazards connected with but not limited to exposure to injury or accidents associated with exercise, infection and infectious diseases, and am fully aware that there may be risks and hazards unknown to me connected with using the Florida Dance Association and its designees facilities and I hereby voluntarily elect to participate in such program, and related activities, knowing that conditions may be hazardous or dangerous to me and my property.

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.

Participant \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant **if over 18**

Name of Parent or Guardian \_\_\_\_\_ **(student under 18)**

\_\_\_\_\_  
Signature of Parent or Guardian **if over 18**

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

Witness \_\_\_\_\_