

Every participant or parent/guardian of a participant must complete, sign, and date this form before participating in any class, event or workshop activity at the Center for Dance, Movement and Somatic Learning.

Please sign and date, then return with your registration form.

RELEASE AND WAIVER and PHOTOGRAPHIC CONSENT

I, _____ do hereby release, waive and discharge SUNY Stony Brook, the State of New York, the Center for Dance, Movement and Somatic Learning (“Center”) and their affiliates, trustees, directors, officers, employees and agents (“Releasees”) from any and all liability for injury, loss, damage, obligation, expense or penalty, including attorneys’ fees, that I may cause or sustain in connection with my participation with Center classes, events or workshops, whether caused by the negligence or carelessness of Releasees or otherwise.

I understand that Releasees do not have medical personnel available at the Center for Dance, Movement and Somatic Learning and that the University does not provide accident or insurance for me, my son/my daughter. I agree that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with my/my son/daughter’s participation with any Center activity. By signing below, I / my son/daughter knowingly and voluntarily assume(s) all such risks, and assume(s) sole responsibility for any accident or injury to my/him/herself and other persons or property arising out of or in connection with participation in Center classes or workshops.

I further agree that any images taken of me/my son/daughter during any Center workshop, program or event may be used by SUNY Stony Brook or the Center for archival, documentation or publicity purposes.

In signing this Release and Waiver, I represent that I have read its contents, that I understand it and that I sign it voluntarily or on my child’s behalf as my own free act and deed. I further state that I am at least eighteen (18) years of age, am fully competent to sign this document and that I execute this Release in consideration of my/my son/daughter’s participation in Center activities and programs, fully intending to be bound by same.

THIS IS A RELEASE AND WAIVER OF LEGAL RIGHTS. READ BEFORE SIGNING

Signature: _____

Student (print): _____

Date: _____

Parent or Guardian (print) _____