



**WELCOME NEW STUDENTS AND WELCOME BACK  
TO OUR RETURNING STUDENTS:**

Please take a moment to give us your most current contact information. Please print legibly so that we get everything spelled the way you want it spelled.

Dancers Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Owner and Number: \_\_\_\_\_

Second Family Member Cell Phone  
Owner & Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Work Number: \_\_\_\_\_

Work or Home Email Address: We ask for this to be able to send tuition receipts, class notes, and gentle reminders.

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Thank You, and please remember to contact us if any of the information above changes.

**Georgia College  
Department of Theatre & Dance**

Be Sure To Sign Both  
Sheets of Waiver



**RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Georgia College & State University (the "Institution") allowing the undersigned to participate in voluntary recreational programs or athletic activities in connection there with, and making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release and forever discharge Georgia College & State University and the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic activities.

I further covenant and agree that for the sole consideration stated above I will not sue Georgia College & State University, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or athletic activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This Release, Waiver of Liability and Covenant Not to Sue shall remain in effect for as long as I am a participant in athletic programs or recreational activities offered by the Institution. Further, I understand that, if I am an employee or student at the Institution, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my enrollment or employment at the Institution.

I certify that I am \_\_\_\_\_ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

*Childs*  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

\* Signature of parent/guardian (if under 18): \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



## ATHLETIC OR RECREATIONAL ACTIVITIES Assumption of Risk and Insurance Certification

*(Read carefully before signing)*

Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. I understand that these recreational activities may include, but are not limited to, walking, running, kneeling, stretching, lifting, swimming, jumping, sliding, tumbling, squatting, dancing, exercising, climbing, traveling, driving and/or riding in a moving vehicle, swinging (golf clubs, racquets, bats), and moving. Dangers related to such activities include, but are not limited to, the following: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training, participation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that Georgia College & State University does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity. All participants in voluntary recreational activities and athletic programs will be required to sign the attached Release, Waiver of Liability, and Covenant Not to Sue form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs.

I have read and understand this notice. I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities.

*Chris*  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

\* Signature of parent/guardian (if under 18): \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



## Talent Release Form

For valuable consideration, I do hereby authorize Georgia College & State University, and those acting pursuant to its authority to:

1. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
2. Use my name, likeness, voice and biographical material in connection with these recordings.
3. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which Georgia College & State University, and those acting pursuant to its authority, deem appropriate.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

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