



This is a legally binding Liability Release, Waiver, Discharge, and Covenant Not to Sue made by me, and or my legal guardian (if I am under 18 years of age) (hereinafter referred to as “Releaser”) to Tezoro Productions / World Dance Movement / World Dance Movement -The International Convention / World Dance Movement - The International Festival / WDM International Aerial Competition / Artinscena di Annalisa Bellini / WDM (The WDM online event)(hereinafter referred to as the “WDM Dance Competition”).

I fully recognize that there are dangers and risks to which I/or my child may be exposed by participating in the *World Dance Movement* Dance Convention/Competition and Performances including any extra curricular activities while in Italy not directly associated with the *World Dance Movement* Dance Convention/Competition.

During/on: **WDM Italy - The International Aerial Competition on JULY 9, 2024**

I understand that the WDM Dance Convention/Competition does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I, therefore, agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities, and other assistance provided to me by the WDM Dance Competition in this activity, I release the WDM Dance Convention/Competition (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, including death, or from damage to my property in connection with this activity. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act on my part, including but not limited to negligence, mistake, or failure to supervise.

**Medical Release.** I assure the WDM Dance Convention/Competition that there are no health-related reason or problem, which preclude or restrict my participation in this activity. I acknowledge and agree that participation in the WDM Dance Convention/Competition subjects me to the risk of physical illness or injury (minimal, serious, catastrophic and / or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating in the Event. I further assure the WDM Dance Convention/Competition that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity, and I will indemnify and hold the WDM Dance Convention/Competition harmless for any such medical costs. In the event of such illness or injury, I authorize WDM Dance Convention/Competition to obtain necessary medical treatment for me and hereby release and hold harmless WDM Dance Convention/Competition in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I understand that this Release means I am giving up, among other things, rights to sue the WDM Dance Convention/Competition, its governing board, employees, and/or agents for injuries (including death), damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I hereby warrant that I have read this Liability Release Form in its entirety and fully understand its contents. I am aware that this Liability Release Form releases WDM Dance Convention/Competition from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release Form constitutes a guarantee that the Event will occur. I have signed this document voluntarily and of my own free will.

Aerialist’s Printed Name: \_\_\_\_\_

Aerialist’s Signature \_\_\_\_\_

\_\_\_\_\_ I \_\_\_\_\_

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

Signature of Parent or Legal Guardian (If under 18 years of age) \_\_\_\_\_

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