

# CHS Dance Intensive Clinic 4/12/23 & Concert Performance 4/28/23

Participant's Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Adult Size : XS Sm Med Lg XL

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

Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FOOD ALLERGIES: NO YES \_\_\_\_\_

**\$40 Check Payable to: CHS Dance or Venmo- see registration details**

**\*\*\*\* IMPORTANT!!!!!! The Hold Harmless form MUST be filled out & signed before the dancer will be allowed to participate. Thank You! CHS Dance Intensive Clinic & PERFORMANCE HOLD HARMLESS I, the undersigned, hereby release & discharge the Las Virgenes Unified School District, Board, Officers, Employees, Agents & Volunteers (Herein collectively referred to as "District") from all liability arising out of or in connection with the above listed activities including the use of photo, graphic or video images of my child(ren) used in District/School publications or on District/School websites. I also understand that the Las Virgenes Unified School District, Board, Officers, Employees, Agents and Volunteers provide no accident or medical coverage for participants. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgment of any and every kind that I, my heirs, executors, administrators, or assignees may have against the District, or that any other person or entity may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that results from any cause other than negligence of the District.**

**Name of Participant**

\_\_\_\_\_  
**Signature of Parent or Guardian**

**FOR DAY OF Clinic & Concert:**

**EMERGENCY CONTACT Name/phone:** \_\_\_\_\_