

REGISTRATION APPLICATION

Webster University's Department of Dance Preferred Name

Pronouns: _____

Date of Birth: _____ Age: _____
(mm/dd/yyyy)

Address: _____

City: _____ State: _____ Zip Code: _____

10-digit Parent Phone: _____ 10-digit Dancer Phone: _____

Best Email Address: _____

School: _____ Year in School: _____

Where have you received dance training:

How many years have you studied Ballet: _____ Modern: _____ Jazz: _____

Approximately how many hours a week do you dance? _____

How did you learn about this workshop?

Dietary specifications and/or allergies? _____

Webster University Photography and Video Release Form

I hereby grant to Webster University and all related entities, assigns, licensees and successors the absolute, royalty-free, irrevocable, worldwide right and permission, with respect to any testimonial (written or oral), photographs, film, video or other images, or sound recordings taken of me by Webster University, as well as any original artwork created by me, such as, but not limited to, photographs, videos, illustrations, or paintings:

- a) To use, re-use, publish, re-publish, copy, modify, display and create derivative works in the same in whole or in part, individually or in conjunction with other photographs, images, recordings or testimonials in any medium (including without limitation, in print and on the Internet) and for any purpose whatsoever, including, without limitation, reservation or compensation, in student recruitment, University department promotional activities, advertising, marketing, publications, electronic distribution and the Internet, and for any other commercial purpose; and
- b) To use my name in connection therewith if Webster University so chooses; and
- c) To obtain copyright of the same in the name of Webster University, or any other name that Webster University may choose.

I hereby waive any and all rights I may have in and to such photographs, film, video or other images, sound recordings, or testimonial and assign all such rights I may have to Webster University.

I waive the right to inspect or approve versions of my image, statement, video or original artwork created by me used for publication in any form or written copy that may be used in connection with the images.

I release Webster University and all related entities, assigns, licensees and successors from any claims that may arise regarding the use of my image, including but not limited to defamation, invasion of privacy, or other claims.

Assumption of Risks, Informed Consent, Waiver and Hold Harmless Agreement

I, _____, in full recognition and appreciation of the dangers and risks inherent in such activities, hereby release, waive and discharge Webster University, its Board of Trustees, officers, servants, agents or employees (hereinafter "the University") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in any of the activities listed above.

I acknowledge my participation in the referenced activities is voluntary. I understand and acknowledge the activities may be dangerous, my participation is solely at my own risk, and I assume full responsibility for any resulting injuries or damages. I further declare I am physically fit and capable to participate in such activities. I further agree to indemnify and hold the University harmless from any loss, liability damage or cost, including court costs and attorney fees, the University incurs arising out of my participation in these activities.

I recognize this Assumption of Risks, Informed Consent, Waiver and Hold Harmless Agreement means I am giving up, among other things, the right to sue the University for injuries, damages and losses I may incur as a result of my participation in the referenced activities. I also understand this Assumption of Risks, Informed Consent, Waiver and Hold Harmless Agreement binds myself, my heirs, executors, personal representatives, administrators, assigns and anyone else who can assert a claim on my behalf.

I hereby consent to permit Webster University and its representatives to provide emergency first-aid or medical treatment, including hospitalization and physician follow-up according to their best judgment, in the event I suffer an injury or illness during participation in such activities. Should individuals present at the activity trained in the rendering of first aid render such aid to me as an injured participant, I release and forever discharge such persons and the University from any liability arising out of any first aid or immediate treatment of injuries.

This Assumption of Risks, Informed Consent, Waiver and Hold Harmless Agreement shall be governed by the laws of the State of Missouri. I agree in the event any provision of this Assumption of Risks, Informed Consent, Waiver and Hold Harmless Agreement is held unenforceable, then the balance of the Assumption of Risks, Informed Consent, Waiver and Hold Harmless Agreement shall survive.

In signing this Assumption of Risks, Informed Consent, Waiver and Hold Harmless Agreement, I acknowledge and warrant I am at least eighteen years of age, I have carefully read this document, I understand its terms and I sign it freely and voluntarily. If signing as a parent/guardian for a participant under the age of eighteen, I also acknowledge and warrant I have carefully read this document, I understand its terms and I sign it freely and voluntarily.

Print Name: _____ Signature: _____ Date: _____

Print Parent/Guardian Name: _____ Signature: _____ Date: _____
(If under the age of eighteen)

Child Pickup Authorization and Transportation Form

I, _____,
(Parent/Legal Guardian Name)

Emergency Medical Information

Please fill out this form as completely as possible. All information will be strictly confidential. Information will be used in an emergency situation. Only at that time will information be released to emergency personnel.

Full Name of Participant: _____

Please list any known allergies and severity (minor, hospitalized, etc.).

Please list any medical conditions of which we should be aware.

Please list any prescribed medications you are taking.

Are you allergic to any foods?

Please list any physical conditions you may have (i.e.: back problems, previous injuries, etc.).

Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability and Assumption of Risks Form

Program/Camp Information

Program/Camp Name: **Webster University Senior Winter Dance Intensive**

Date(s): **Feb. 9, 2025**

Time(s): **9:30 a.m.-4 p.m.**

Location: **Loretto-Hilton Center, Webster University**

Participant Information

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Birth: _____

Gender: Male Female Non-Binary

Note: Please read this document carefully before signing. This fully signed form must be submitted by a parent or guardian before any child is allowed to participate in the above referenced program/camp.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage arising out of training, preparing, participating and traveling to or from the Program, regardless of whether such injury, loss of life or damage results from the negligence of Webster University or any agent or employee of Webster University.

I, on behalf of my Child, hereby release Webster University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Pom Staff and all other directors, employees, volunteers (e)-(4.7 (r))-0.7 (s)-2.5

