

ONYX DANCE COMPETITION

Onyx Competition 2026-27 Waiver

www.OnyxDanceCo.com

info@OnyxDanceCo.com

I hereby agree to abide by the terms and conditions as provided in the Rules and Regulation, on behalf of (Team Name or Studio Director) _____.

I understand that any violation of the aforesaid terms and conditions may result in disqualification.

Director Name: _____ Date: _____

Signature: _____

Dancers Participating (Including Director and choreographers going backstage).

I hereby agree to abide by the terms and conditions as provided in the Rules and Regulations as well as the following waiver.

In exchange for participation in Onyx Dance Co's 2026-27 Competition Season, activities such as, but not limited to, dance competition, dance and fitness classes, rehearsals, private lessons, workshops, on and off premise dance showcase events, field trips, fundraising, and parties, I agree to the following:

I recognize there are certain inherent physical risks associated with the above described activities. I agree I am/my child is in proper physical condition and capable of participating in these activities and understand that Onyx Dance Co & Montage Dance Productions are not in any way responsible for making such a determination. I assume full responsibility for personal injury to myself or my child, and further release and discharge Onyx Dance Co & Montage Dance Productions, its owners, employees, staff, guest artists, volunteers, agents, and representatives liable for any personal injury or any personal property damage or loss, which may occur on or off-site sponsored events, except in cases where Onyx Dance Co & Montage Dance Productions has been found to be solely negligent.

I understand that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Onyx Dance Co & Montage Dance Productions, their officers, officials, agents, and/or employees, other participants, sponsoring

agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, to the fullest extent permitted by law.

I authorize and agree that Onyx Dance Co & Montage Dance Productions may take and use photographs, videos or likenesses of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for them.

I am of lawful age and competent to sign this affirmation. If I am signing for a participant under the age of 18, I certify that I am the parent or legal guardian and have the legal authorization to waive the above-mentioned rights on behalf of my minor child or ward.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING. I AM OF LAWFUL AGE AND COMPETENT TO SIGN THIS AFFIRMATION.

1. Name: _____ Age: _____

Signature: _____ Date: _____

Email: _____

2. Name: _____ Age: _____

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3. Name: _____ Age: _____

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26. Name: _____ Age: _____

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27. Name: _____ Age: _____

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29. Name: _____ Age: _____

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30. Name: _____ Age: _____

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31. Name: _____ Age: _____

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32. Name: _____ Age: _____

Signature: _____ Date: _____

Email: _____

33. Name: _____ Age: _____

Signature: _____ Date: _____

Email: _____