

# UGA DANCE DAY

**for H.S. Dance Students**

**Friday, February 28 2020**

**ballet, contemporary, jazz, tap, improv & aerial yoga  
with dance faculty & guest artists**

**contact and reservations: [comedance@uga.edu](mailto:comedance@uga.edu)**

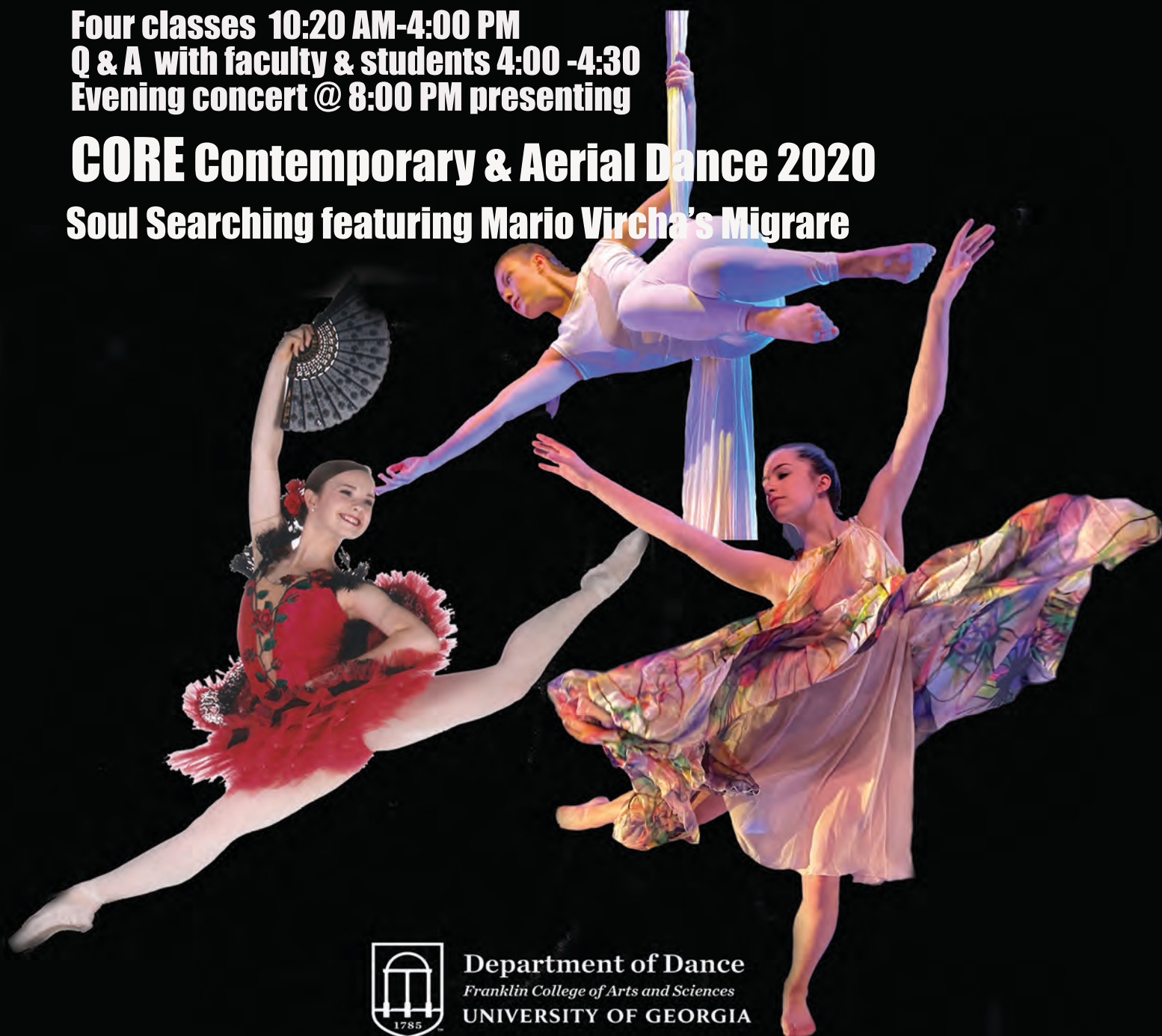
**Four classes 10:20 AM-4:00 PM**

**Q & A with faculty & students 4:00 -4:30**

**Evening concert @ 8:00 PM presenting**

**CORE Contemporary & Aerial Dance 2020**

**Soul Searching featuring Mario Vircha's Migrare**



**Department of Dance**  
*Franklin College of Arts and Sciences*  
**UNIVERSITY OF GEORGIA**



**UNIVERSITY OF  
GEORGIA**  
*Department of Dance*

**UGA DANCE DAY on CAMPUS**  
**Friday, February 28, 2020**  
**Registration Form**

\*Please return to [comedance@uga.edu](mailto:comedance@uga.edu) by Friday, February 14, 2020

\_\_\_\_\_ I am registering a school/studio group

\_\_\_\_\_ I am registering as an individual

Name of School, Studio, or Institution:

Name of Contact Person:

Email Address of Contact Person:

Phone Number of Contact Person:

How many students will be attending?

What is their age/grade range?

How many students/teachers/parents will be attending the CORE Concert Contemporary and Aerial Dance multimedia and aerial dance show?

Does your school have a dedicated dance program?

If yes, would you be interested in having Master Classes and/or info sessions with UGA Dance Department faculty at your school, studio, or institution? Who is the contact person at your school to arrange this?

Comments/Special Needs:



# UNIVERSITY OF GEORGIA

## Participation Agreement and Waiver Form

### PROGRAM/ACTIVITY INFORMATION

Program/Activity Name UGA Dance Day

Date(s) Friday, February 28, 2020

Location UGA Department of Dance, Dance Building

### PARTICIPANT INFORMATION

Name \_\_\_\_\_

Address (include city/state/zip) \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

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

I (Name) \_\_\_\_\_, the Participant OR parent and/or legal guardian of the minor Participant, (Named) \_\_\_\_\_, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as UGA Dance Day (the Program), do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child(ren) to risk of property damage, bodily or personal injury, including death. Participation could include certain physical activities such as dancing, stretching, traveling up and down stairs, crossing streets, parking lots and intersections. I understand that the risks that I/my child may encounter include, but are not limited to injury from slips, falls, contusions, abrasions, muscle strains and sprains, bruised or broken bones, exposure to contagious diseases, any of which may result in serious harm including death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks.

In exchange for being allowed to participate in these dance classes, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, its members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program.

I further covenant and agree that for the consideration stated above, I will forever hold harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that entering in this Release, Waiver of Liability and Covenant not to Sue shall not constitute a waiver, in whole or part, of sovereign immunity by the Board of Regents, its constituent institutions, members, officers, agents and employees.

I understand that as a state agency, the University of Georgia is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child (if applicable).

Name of Participant: \_\_\_\_\_

Name of Parent or Legal Guardian if participant under age of 18:  
\_\_\_\_\_

Signature of Participant (or Parent or Legal Guardian if participant under age of 18):  
\_\_\_\_\_ Date: \_\_\_\_\_

**Photo and Media Release**

\_\_\_\_\_ Yes, I (Name) \_\_\_\_\_, the participant OR parent and/or legal guardian of \_\_\_\_\_, the minor Participant, hereby give the University of Georgia, and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the University of Georgia, and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the University of Georgia and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

\_\_\_\_\_ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Name of Participant: \_\_\_\_\_

Name of Parent or Legal Guardian if participant under age of 18:  
\_\_\_\_\_

Signature of Participant (or Parent or Legal Guardian if participant under age of 18):  
\_\_\_\_\_ Date: \_\_\_\_\_