

Dream Center School of the Arts Agreement / Waiver

Notice: This is a binding legal document. Please read carefully and sign. Consult an attorney if you have any questions.

1 - By signing this form, I understand and agree that neither Buffalo Dream Center/Dream Center School of the Arts, hereinafter known as BDC/DCSA, nor its agents, officers, directors, employees, volunteers, or ministry partners may be held liable in any way for any occurrence which may result in illness, injury, death, or other dangers to myself, the participant, or my heirs, family members, or assigns. I waive any such claim for compensation, liability, or reimbursement of any incurred expenses as a result of illness, injury, death or other medical expenses.

2 - By signing this form, I understand and agree that neither the BDC/DCSA, nor its agents, officers, directors, employees, volunteers, or ministry partners may be held liable in any way for any lost, stolen, or damaged property belonging to myself, the participant, or my heirs, family members, or assigns. I waive any such claim for compensation, liability, or reimbursement of incurred expenses.

3 - For being allowed to participate in the DCSA, myself, the participant and all my family members, heirs, or assigns personally assume all risks in connection with the activity. I release BDC/DCSA, its agents, officers, directors, employees, volunteers, or ministry partners from any injury or damage, which may befall me, my family members, heirs, or assigns while engaged in the above activity/event. This release includes all risks connected with the activities, whether foreseen or unforeseen. I further agree to save and hold harmless BDC/DCSA and the above named persons from any claim by me, or family members, estate, heirs, or assigns arising out of the participation in the above activity/event.

4 - I authorize any ambulance or hospital emergency service that may be rendered necessary to myself, the participant, heirs, family members, and assigns. I understand that I, the participant, assumes responsibility for the payment of the ambulance, doctor, dentist, or hospital fees. I waive any such claim for compensation, liability, or reimbursement of incurred expenses.

5 - I agree to pay all fees in a timely manner.

6 - I agree to respect the building, the teachers, and other families that attend DCSA

7 - I authorize the Buffalo Dream Center/Dream Center School of the Arts to use photographs, video, and other digital media in any and all of the Buffalo Dream Center/Dream Center School of the Arts' publications for the purposes of advertising. I authorize the Buffalo Dream Center/Dream Center School of the Arts the right to edit, enhance, or crop any photo, video, and digital media for the specified purposes without prior inspection. I understand and agree all such photos, video, and digital media are property of the Buffalo Dream Center/Dream Center School of the Arts and will receive no compensation for such.

8 - Furthermore, I state that I, the participant, am at least 18 years of age and am legally competent to sign this agreement and release; I understand the terms in this agreement and release are contractual and not a mere recital; I have fully informed myself of this agreement and release by reading it before I signed it; I have had the opportunity to consult with legal counsel regarding the effect of this agreement and release, should I so desire; and I have signed this document of my own free act.

_____ Full legal name of Participant

_____ Signature of Participant

Dated this _____ Day of _____ 20_____