



ASSUMPTION OF ALL RISKS OF INJURY AND WAIVER OF RIGHTS

The Philadelphia Spin Coalition © 2016

This waiver is to be signed by all those involved throughout the duration of this course, including but not limited to, instructors, student participants, and performers.

PROGRAM: BellyDance Palm Torch Fusion AND Pop Up & Spin Philly!

There are risks of injury, both serious and minor, associated with participating during PROGRAM, and the activities related thereto, both now and in the future. The risks include, but are not limited to, injury to the head, neck or spine (including brain damage and paralysis); varying degrees of burns occurring in all places on the body; injury to the muscular or skeletal systems; injury to internal or external organs; long-term or short-term disability; pain and suffering; scarring or disfigurement, and death.

It is the responsibility of each individual, student and/or participant to know his or her own general state of health and well being, and therefore to be able to certify knowledgeably that he or she is physically fit to participate in PROGRAM.

It is also the responsibility of each individual, student and/or participant to have health insurance coverage sufficient to cover all medical and any other health care expenses for all injuries, minor or catastrophic, sustained or incurred as a result of participating in PROGRAM or participating in the activities related thereto, both now and in the future.

Therefore, as a pre-condition to being permitted to take PROGRAM and participate in the activities related thereto, both now and in the future, I agree to make an informed and educated choice to participate or not participate in PROGRAM, and to participate or not participate in the activities related thereto, both now and in the future. My signature below signifies my recognition of the risks of injury involved in participating in PROGRAM and participating in the activities related thereto, both now and in the future, and my informed consent to voluntarily assume them.

I acknowledge the risk of injury that may result from participating in PROGRAM and/or participating in the activities related thereto, both now and in the future, and am willing to and hereby do voluntarily assume all risks of injury associated with my choice to participate in PROGRAM.

I assume full responsibility for assuring that I am mentally competent, in good health, and have no medical conditions which might make the activities related to PROGRAM, or participating in the activities related thereto, both now and in the future, inadvisable.

I agree not to participate in activities with PROGRAM, or participate in the activities related thereto in the future, unless I am at that time mentally competent, in good health and have no medical condition which might make taking PROGRAM, or participating in the activities related thereto inadvisable.

I am aware that activities associated with PROGRAM will expose me to risks of injury, minor or serious as described in this assumption of all risks of injury and waiver of rights. I accept and assume all risks, known or unknown, listed or unlisted, to which I may be exposed, or that may result from my voluntary decision to take PROGRAM NAME and/or participate in the activities related thereto, both now and in the future, regardless of cause.

I acknowledge my responsibility to acquire health insurance coverage sufficient to pay for all medical, dental, or other health care services needed or required as a result of any injury, minor or catastrophic, sustained or incurred as a result of taking PROGRAM, or participating in the activities related thereto, both now and in the future, and hereby certify that on the date noted below, I have such insurance coverage in effect and will maintain such coverage while taking PROGRAM and participating in the activities related thereto.

I knowingly intend my signature on this assumption of all risks of injury and waiver of rights to be a complete defense to any legal proceeding that may be brought by me, anyone on their own or on my behalf for any injury I may suffer or sustain as a result of voluntarily signing up for PROGRAM and participating in the activities related thereto, both now and in the future, and further intend this assumption of all risks of injury and waiver of rights to be a complete and total release of liability for all negligent acts, failures to act, or breaches of duty owed to me by the released parties, which result in injury to me or my death as a result of my voluntary decision to fly with PROGRAM and/or participate in the activities related thereto, both now and in the future, on and off site.

I intend this assumption of all risks of injury and waiver of rights to cover all classes with SPINCO and PROGRAM and all of the activities related thereto, both now and in the future, regardless of date, time, or location.

I certify that I am 18 years of age or older, that I am legally competent and capable of executing this Assumption of All Risks of Injury and Waiver of Rights, that I have read it, understand it, and have made a conscious decision to sign it of my own free will.

DATE OF PROGRAM: Sunday, October 2, 2016

VENUE/ ADDRESS: Sera PhT - 715 S 50th Street, Philadelphia, PA 19143

PRINTED NAME OF TICKET HOLDER _____ EMAIL _____

PRINTED NAME OF GUARDIAN _____ EMAIL _____
(If ticket holder is under 18 years of age, participating in open flame activities is prohibited)

SIGNATURE _____ DATE _____