**Assumption of Risk and Release /**

**Commitment Agreement Form**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Audition Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of being allowed to participate in **WinterDance 2021** at Kansas State University, I hereby release Kansas State University, the State of Kansas, its agents, officers, and employees from all claims, demands, and causes of action of any kind, including negligence, which may arise from my participation in **WinterDance 2021**.

With a physical activity such as dancing, there lies the possible risk of injury. I knowingly acknowledge and accept this risk. I accept responsibility for keeping myself in the proper physical condition required to participate. I also understand that if I become injured, I may be asked by the choreographer, dance faculty, or production coordinator to see a qualified health professional/physician for diagnosis in order to continue my participation and to prevent further injury.

1) I understand and fully assume the risks associated with participation in **WinterDance 2021** including, but not limited to personal injury.

2) I acknowledge that I have read, understand, and agree to follow the terms of the **Kansas State University Dance Concert Commitment Agreement for WinterDance 2021.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_