

PARTICIPANT AGREEMENT & WAIVER

**** Adult ****

Activity:

_____ (course number / event title)

Date(s)/Time(s):

Activity Leader:

Location:

Unless otherwise noted, dance instruction and related activities are held in departmental instructional studios that include barres, mirrors, stage curtains, musical instruments, and other performance production equipment.

Participant (print name):

I am 18 years or older and able to consent to the following agreement & waiver.

The Participant named above has requested and been accepted to participate in the stated activity sponsored by the University of Department of Dance and agrees to the following.

I acknowledge that this activity includes risk of accidents such as trip-and-fall, bodily collision, falling from an elevated position, etc. which could result in injury such as bruising/swelling, sprains, strains, broken bones, concussions, and associated complications (including death). I understand that other risks include potential illness from exposure to communicable disease (including COVID-19). I represent that I am capable, with or without reasonable accommodation, of undertaking this event.

I will observe all rules and guidelines regarding appropriate use of facilities and equipment. I also agree to follow all safety instructions from class instructors, event organizers, and/or University of Washington personnel.

I understand and acknowledge that touch-based feedback from the instructor may be offered to activity participants when it supports learning and/or safety. I understand and acknowledge that peer-to-peer contact is common in (but not limited to) dance forms that inherently rely on partnered touch (such as contact improvisation and many social dance practices). Touch-based interaction is always limited to times and locations that are open and observable to other adults. Participants

always have the right to offer, withhold, withdraw, or modify consent to be touched by or to touch another.

I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the University staff. I agree not to make any claim against the University of Washington for injury, damages, or losses other than those arising from demonstrably negligent acts or omissions of the University of Washington, its employees, students and agents acting in the course and scope of the University-imposed duties.

If I am injured, I consent to emergency medical treatment at my own expense.

(Check only if applicable)

- I have attached an additional sheet(s) with clear information regarding medical conditions about which emergency medical personnel should be informed.

Participant Signature

Date

Emergency Contact & Relationship (optional)

Emergency Contact Phone Number

UW Department of Dance

Meany Hall (Box 351150)
4000 15th Avenue NE
Seattle, WA 98195
206.543.9843

ADDENDUM: PRIVACY RELEASE

Certain uses of personal data require your consent.

UW personnel may capture or create photographs, video recordings, audio recordings, and/or other content – which could identify you – at this activity. The Department of Dance would like to use said materials for outreach, promotional, and/or philanthropic purposes including (but not limited) publication on the Department of Dance’s website, newsletters (print and electronic), social media, fliers, posters, and bulletin boards. Use of these materials will be used to

promote to the Department's mission of performance art, education, research, and public service. Once published, this content may remain public indefinitely.

By signing below, I grant permission for the UW to create recordings of my image, likeness, and/or voice ("Recordings") in connection with this event. I agree the Recordings may take the form of photographs, films, video and audio tapes, CD-ROMs, DVDs, digital files, and/or any other media now known or later developed. UW may use the Recordings at UW's discretion. I understand that UW's use of the Recordings may include, but not be limited to, the activities described above.

I understand that I will not be paid for any uses made of the Recordings pursuant to this grant of permission. I waive the right to inspect or approve of the uses of any printed or electronic copy.

I acknowledge that UW exclusively owns all rights to the Recordings, including but not limited to, any copyright or trademark rights associated with the Recordings. To the extent the Recordings include any content created by the participant as part of this activity ("Content"), you, on behalf of participant, hereby grant UW a non-exclusive, perpetual, worldwide, royalty-free, and unlimited license to use, reproduce, distribute, display, and perform, any Content. UW is also granted a non-exclusive, perpetual, worldwide, royalty-free, and unlimited license to create derivative works in any media, now known or later developed, from any Content, and any clips or portions thereof. UW shall own such derivative works; however, in any instance where UW is deemed not to own such derivative work, you, on behalf of the participant, hereby grants UW a license to the derivative works on terms identical to its license granted above.

I hereby waive all rights and release UW from, and shall neither sue nor bring any proceeding against any such parties for, any claim or cause of action, whether now known or unknown, for defamation, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Recordings.

I understand that I may withdraw my consent at any time by emailing uwdance@uw.edu or mailing written notification to the address below. If I withdraw consent, UW will not engage in the activities described above in the future. A withdrawn consent will not apply to past personal data processing.

By signing below, I confirm that:

- I understand that I am not required to give my consent;
- I understand that this consent is not a requirement to participate in the above activity; and
- I agree to the processing described above.

Participant Signature

Date