

2013 Boston Cannons Dance Team Audition Waiver

Name: _____

Please tell us about any medical conditions we should be aware of before participating in this program and/or before seeking medical treatment:

Authorization

I understand that injury, even serious injury, may occur during the dance tryout and I assume all risks and hazards incidental to their participation in this program. I further release the Boston Cannons, its staff, affiliates, and the host facilities from all liability associated with my participation in this program. I understand that my registration fee is non-refundable and non-transferable, except as specifically allowed by the Boston Cannons. I also grant the Boston Cannons, its staff and designees, permission to seek emergency medical care if needed. I agree to assume all responsibility for any medical expenses incurred. I understand the Boston Cannons reserve the right to take photographs and video during the tryouts, all of which will remain property of the Boston Cannons and may be used for promotional purposes.

Signature

Date