

DO JUMP!

Release of All Liabilities

Because participation in Do Jump Movement Theater School classes may be dangerous, we require all participants to assume all risks by signing this general release.

Student Name _____ Birthdate _____

Parent/Guardian Name *(if applicable)* _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Alternate Phone _____ Email _____

The above named participant agrees to indemnify and hold harmless Do Jump! and the Echo Theatre (hereinafter referred to as Theater), its Employees, Agents, Officers, Board Members, Volunteers or any other person against loss or expense, including attorney fees, due to any bodily injury, personal injury or property damage which may result from any and all activities while participating in classes or any other activity sponsored by or conducted by Theater, or while visiting any facilities owned by, leased by, or controlled by Theater.

It is understood and agreed that this Release of All Liabilities shall remain in full force for so long as such participant in any activities, and for all conditions as stated in the above paragraph. Parent or guardian must sign for participants under 18 years of age.

Sign _____ Date _____

(Participant/parent or legal guardian)

In the event of injury to participant/child and the parent or legal guardian cannot be contacted, please provide the name and telephone number(s) of the relative or friend who should be contacted:

Emergency Contact _____ Phone# _____

Medical Information

Allergies _____

Medications (please include instructions for any medication an instructor would have to give) _____

Family Health Care Provider _____ Phone _____

Insurance Carrier _____

Notes _____

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE
ECHO THEATRE 1515 SE 37th AVE PORTLAND OR 97214
PRIOR TO PARTICIPATION IN ANY ACTIVITY.