1. I desire to participate in Bowling Green State University’s Dance Team Workshop. I fully understand and appreciate the dangers, hazards, and risks inherent in dance, in the transportation to and from the workshop, and in any independent research or activities I undertake supplemental to dance workshops. These dangers can result in injury and impairment to my body, general health, well being, and could include serious or even mortal injuries and property damage.

Further, I am aware that Bowling Green State University dance activities involving height and rotation in a unique environment and as such, they pose a risk of injury. I understand that dance related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and the mats and other safety equipment and apparatus provided for my protection including in the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

2. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the activity, on behalf of myself, my family, heirs, and personal representative(s). I agree to assume all the risks and responsibilities surrounding my participation in the Activity and to release, waive, forever discharge, and covenant not to sue the State of Ohio, Bowling Green State University, and its governing board, offices, agents, employees, and any students acting as employees (“Releasees”), from and against any and liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on upon, or in transit to or from the premises where the Activity, or any supplement to the Activity, occurs or is being conducted.

3. I understand and agree that Releasees are granted permission to authorize emergency medical treatment of necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage, which might arise out or in connection with such authorized emergency medical treatment.

4. It is my express intent that this releases and hold harmless agreement shall bind myself, the members of my family or spouse, that I am alive, and my estate, family, heirs, administrators, person representatives, or assigns, if I am deceased, and shall be deemed as a “Release, Waiver, Discharge, and Covenant” not to sue the Releasees.

5. In signing this release, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age an fully competent to sign this agreement; and that I execute this release for full, adequate health insurance necessary to provide for and pay any medical costs that me attendant as a result of injury to me. I further understand that the BGSU Dance Workshops are limited to the items listed on the daily agenda included in this packet. BGSU assumes no responsibility for supervision of students outside of the clinic’s designated session times.

I further agree that this Release shall be construed in accordance with the laws of the State of Ohio. If any team or provision of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND BEFORE SIGNING.

PARTICIPANT NAME: _______________________________ PARTICIPANT SIGNATURE: _______________________________

IF THE APPLICANT IS UNDER THE LEGAL AGE, GUARDIAN CONSENT IS REQUIRED.

GUARDIAN’S NAME: _______________________________ GUARDIAN’S SIGNATURE: _______________________________
PARTICIPANT INFORMATION

FIRST NAME: ______________________  LAST NAME: ______________________

ADDRESS: _______________________  CITY: ___________________  STATE: _______  ZIP: _______

DOB: ___________________  CELL PHONE: ___________________  EMAIL ADDRESS: ___________________

GUARDIAN/EMERGENCY CONTACT INFORMATION

FIRST NAME: ______________________  LAST NAME: ______________________

ADDRESS: _______________________  CITY: ___________________  STATE: _______  ZIP: _______

CELL PHONE: ___________________  EMAIL ADDRESS: ___________________

INSURANCE CARRIER & ADDRESS:

POLICY NUMBER & GROUP NUMBER:

SCHOOL/GROUP/STUDIO INFORMATION

SCHOOL NAME: ______________________  CIRCLE ONE: _______  DANCE TEAM _______  STUDIO _______

ADDRESS: _______________________  CITY: ___________________  STATE: _______  ZIP: _______

SCHOOL PHONE: ______________________

IN REGARD TO THE ABOVE PARTICIPANT, CHECK ALL THAT APPLY. (PROVIDE EXPLANATION ON BACK OF FORM IF NEEDED)

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<tr>
<th>ALLERGIES</th>
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<tr>
<td>DIABETES</td>
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<td>PREEXISTING INJURE UNDER TREATMENT:</td>
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<td>CONDITIONS CURRENTLY UNDER TREATMENT:</td>
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<td>EPILEPSY</td>
<td>FAINTING SPELLS</td>
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<tr>
<td>CONTACT LENSES</td>
<td>*IF YOU NEED TO EXPLAIN IN DETAIL PLEASE USE THE BACK</td>
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</table>
BOWLING GREEN STATE UNIVERSITY DANCE TEAM
WORKSHOP PAYMENT FORM

CONTACT INFORMATION:

TEAM/INDIVIDUAL NAME: ____________________________ CONTACT NAME: ____________________________

HOME ADDRESS: ____________________________ CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

HOME/CELL/WORK PHONE: ____________________________ EMAIL ADDRESS: ____________________________

T-SHIRT SIZE: ____________________________

PARTICIPATION FEES

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<tr>
<th>NUMBER OF PARTICIPANTS</th>
<th>PRICE</th>
<th>TOTAL DUE</th>
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PAYMENT TERMS:

:CHECKS PAYABLE TO: BGSU SPIRIT GROUPS (ONE CHECK PER GROUP)
:CANCELLATIONS ON OR AFTER SEPTEMBER 22 ARE NONREFUNDABLE

PAYMENT FORMS MUST BE MAILED TO:

BOWLING GREEN STATE UNIVERSITY
ATTN: MIRANDA CALHOUN DANCE TEAM
1000 E. WOOSTER
BOWEN-THOMPSON STUDENT UNION, SUITE 401
BOWLING GREEN, OH 43403

MAIL IN FORMS TO OFFICE BY: SEPTEMBER 22ND
WE WILL ACCEPT PARTICIPANTS AFTER THE DUE DATE AND/OR DAY OF BUT YOU ARE NOT GUARANTEED A T-SHIRT IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:
MIRANDA CALHOUN
KMCALHO@BGSU.EDU