

2024 Liability Form

Port Washington Shake at the Lake Dance Competition

This form needs to be emailed to portshake@gmail.com
or mailed to PWHS prior to the day of the competition.

Port Washington High School
Attn: Dance Team
427 W. Jackson Street
Port Washington, WI 53074

I _____ (coach or person responsible for the team) understand that it is my responsibility to have in my possession any and all emergency information for all of my athletes. To my best knowledge none of my athletes have conditions which would prohibit or restrict her/his participation. I have obtained permission from my athlete's parents/guardians to allow their child to participate in the Port Washington Shake at the Lake dance competition. I have informed my athletes' parents/guardians of the inherent and significant risk involved with the sport of dance. The risks of injury involved in dance are significant and while participation rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. All parents/guardians KNOWINGLY AND FREELY ASSUMED ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for their child's participation. All such forms will also RELEASE AND HOLD HARMLESS the Port Washington/Saukville School District, the Port Washington Dance Team, their coaches, their officers, officials/judges, agents, employees, volunteers, event participants, and vendors with respect to any and all INJURY, DISABILITY, DEATH, and loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE REALEASEES OR OTHERWISE. During the athletes' stay at the event site, all athletes will be closely supervised in every activity by their coach. The Port Washington Shake at the Lake, the Port Washington Dance Team, and Port Washington/Saukville School District will not be liable or responsible for any injury, loss, damage, or delay resulting from any act of neglect of any person or company whose services are retained by the program participants. All parents/guardians understand and authorize any representative of the Port Washington Shake at the Lake to locate qualified and licensed medical personnel and/or transport their athlete to an appropriate medical facility in the event that it may become necessary.

School/Team Name

Signature of School Administrator or Gym Owner

Date

Signature of Team Coach

Date