

Florida Southern College

Theatre and Dance Day

Department of Theatre Arts & Dance PARTICIPATION WAIVER

Welcome to the Florida Southern College. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following consent agreement.

This is to certify that \_\_\_\_\_ (PRINT NAME OF PARTICIPANT) is in good health and in soundness of body that warrants his/her usage of the FSC Wellness Center, Warden Dance Studio, Branscomb Auditorium, and/or Spivey Fine Arts Center facilities as outlined by the HWC and FSC Policies and Procedures. Also, I certify that said participant has no known recent exposure to a contagious disease (including COVID-19) and had no operation or serious illness, which would restrict his/her usage.

I/We accept full responsibility for the above-mentioned minor, and by signing below give my/our permission for him/her to participate in the use of the Nina B. Hollis Wellness Center, Warden Dance Studio, Branscomb Auditorium, and Spivey Fine Arts Center.

I/We the parent(s)/guardian(s) of the above-named minor, hereby give my/our approval to his/her participation in the use of the Nina B. Hollis Wellness Center, Warden Dance Studio, Branscomb Auditorium, and Spivey Fine Arts Center. I/We assume all risks and hazards incidental to such participation. I/We do hereby waive, release, and forever discharge the facility and its employees from any and all responsibilities or liability for injuries or damages resulting from usage in the area. In the event of any injury I hereby give my consent to any qualified staff member to administer first aid. I/We understand that the use of the facility and any of its equipment entails some risk of accidental injury to my/our child, and I agree that my child will use such equipment and facilities with due care.

Included in this agreement I promise to abide by all of the HWC and FSC Policies and Procedures. As parent or legal guardian, I hereby give permission for and understand that my child \_\_\_\_\_ (PRINT NAME OF PARTICIPANT) will participate in the use of the Nina B. Hollis Wellness Center, Warden Dance Studio, Branscomb Auditorium, and/or Spivey Fine Arts Center.

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Signature (PARENT OR GUARDIAN SIGNATURE if under 18 years old)

DATE

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Print name please (PARENT OR GUARDIAN if under 18 years old)