

DIAZ DE BAILE, INC.

PARENTAL CONSENT TO WAIVE LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for my/my child, _____'s (Participant), participation in *Diaz De Baile, Inc.* Auditions, contracts, performances, events and other valuable consideration, I hereby release, waive, discharge and covenant not to sue *Diaz De Baile, Inc.*, their officers, servants, agents, and employees (hereinafter referred to as Releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant, or to any property belonging to Participant, whether caused by the negligence of the Releasees, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, Participant can fully participate in this activity. Participant is fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and hereby elects to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to him/her and his/her property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by Participant, or any loss or damage to property owned by Participant, as a result of being engaged in such an activity, whether caused by the negligence of Releasees or otherwise.
3. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, whether caused by negligence of Releasees or otherwise.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue the above named Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.
5. I understand that the Releasees will not be responsible for any medical costs associated with an injury Participant may sustain.
6. I also understand that I am responsible for any damage Participant may cause to the facilities.

POSSIBLE INJURIES WHICH MAY OCCUR

There are risks involved when participating in Diaz De Baile, Inc. auditions, contracts, or other performances and events. Some of the possible injuries and bodily harm which can occur through participation in the programs are listed below. This list is provided to make the prospective participant aware of the possibilities of injuries which may be sustained. The individual is completely responsible for his/her own safety and health.

POSSIBLE INJURIES: strains, sprains, pulls, tears, cramps, infection, rashes, vomiting, bruises, contusions, wounds (abrasions, incisions, lacerations, punctures, avulsions), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, heat exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, and in an extreme case-death.

BODY AREAS WHICH MAY BE AFFECTED OR INVOLVED IN SPORTS INJURIES: head, face, eye, ear, jaw, teeth, mouth, neck, nose, chest, abdominal, back, arms, elbow, hands, fingers, wrist, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, ligaments, cartilage, joints, tendons, spinal cord, arteries and veins, brain.

I/Participant have reviewed the above information and am aware of the risks in participating in sports programs and the possible injuries that may occur. I/Participant freely and voluntarily agree to participate in any and/or all of the activities listed here which are present in the Diaz De Baile, Inc. events.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I am the Participant or the Parent/Guardian of the Participant named above and am at least eighteen (18) years of age and am fully competent and have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Participant / Participant's Parent Signature

Date

Participant / Participant Parent Printed Name

**THIS FORM SHOULD BE PROPERLY SIGNED AND TURNED IN AT THE TIME OF REGISTRATION.
IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM PLEASE CALL (888) 365-DIAZ**

DIAZ DE BAILE, INC.
CONSENT TO MEDICAL TREATMENT FORM

Participant's Name _____

Home Phone (_____) _____ Alternate Phone (_____) _____

Health Carrier: _____ Policy No.: _____

Primary Health Care Provider/Facility: _____

Provider/Facility Phone: (_____) _____

I, _____, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director of Diaz de Baile, Inc my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event. These include but are not limited to CPR, First Aid, sunscreen, and insect repellants.

In case of such accident or illness, I give permission for medical treatment to be given to Participant as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred on my behalf.

Participant / Participant Parent Signature

Date

Participant / Participant Parent Name