



Class Participation/Online Waiver Form:

Class: _____

Name of Participant(s): _____

Parent/Guardian Name (if under the age of 18): _____

Email Address: _____

Class Information:

Please note that parent participation and/or supervision is required for anyone under the age of 18 participating in online classes. Puddle of Mud Productions and/or Elmwood Community League are not responsible for the actions of anyone participating in online/streamed programs.

I understand that participation in the above mentioned event, activity or program, as with any online exercise or dance video, could include activities that involve inherent risks, dangers and hazards both known and unknown, that are associated with unique movement patterns and skills.

By signing below I agree to participation and release the organizations above from all liability, costs and damages which could arise from participation in the above named event.

In consideration of being allowed to participate in the Puddle of Mud Productions program and activities, I hereby agree as follows: To waive any and all claims that I have or may have in the future against, and to release and discharge from any and all liability, Puddle of Mud Productions, it's directors, officers, employees, consultants, agents, contractors, volunteers, and representatives, and their respective successors and assigns, or any of them in connection with or participation in the Puddle of Mud Productions program, for any and all of the following: Personal injury; Death; Property damage; and/or Any other loss, damage or expense, arising from any cause whatsoever, including negligence (including, but not limited to, negligence caused by my own actions or inactions, those of others participating in the activities, the conditions in which the activities take place, or negligence of Puddle of Mud Productions), and further including the failure on the part of the Puddle of Mud Productions to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of participating in Puddle of Mud Productions program and activities.

I would like to be added to Puddle of Mud Productions mailing list. (Emails are sent out approximately 4-5 times a year) and agree to having emails sent to the email address provided above.

Yes

No

Signature of Participant (if over 18 yrs) _____ Date: _____

Name of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Witness: _____