

PARACOSM DANCE

ONE-DAY-WORKSHOP WAIVER

January 25th, 2026 | DATE

930am-12pm | TIME

LOCATION

9831 S 51st, D129

Phoenix, AZ 85044

Assumption of Risk & Release of Liability

I understand that participation in dance and movement-based activities involves physical exertion and carries inherent risks, including but not limited to muscle strains, sprains, falls, or other injuries. I voluntarily choose to participate and assume full responsibility for any risk of injury arising from my participation.

I hereby release, waive, and discharge Paracosm Dance, its directors, officers, employees, contractors, volunteers, instructors, and the owners or operators of the workshop venue, from any and all liability, claims, demands, actions, or causes of action arising out of or related to my participation in this workshop.

I understand and agree that I am waiving my right to bring legal action, including filing a lawsuit, for injuries or damages sustained as a result of participation, except in cases of gross negligence or willful misconduct as defined by law.

Medical Emergency Consent

In the event of a medical emergency, I authorize Paracosm Dance staff or representatives to seek emergency medical treatment on my behalf and, if necessary, to arrange transportation to a medical facility.

I understand that Paracosm Dance does not provide medical insurance for participants and that I am solely responsible for any medical costs incurred as a result of participation.

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Media Release (Photography / Video / Audio)

I understand that Paracosm Dance may photograph, film, or record portions of the workshop for educational, archival, or promotional purposes.

- ☐ I consent to the use of my likeness, voice, and image in such materials, without compensation.
☐ I do NOT consent to the use of my identifiable likeness in media materials.

If consent is granted, I understand that Paracosm Dance retains full ownership of all recorded materials.

Acknowledgment & Signature

I confirm that:

- I have read and understood this waiver in full
- I voluntarily agree to its terms

Participant Name (printed): _____

Participant Signature: _____

Email: _____

Date: _____

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