

UW-MADISON DANCE PROGRAM ACTIVITY WAIVER

I, _____, and my heirs, in consideration for my being allowed to participate in an activity held at Lathrop Hall, hereby release the Board of Regents of the University of Wisconsin System, their officers, employees and agents, from any liability for damage to, or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, ect., which might occur while participating at Lathrop Hall. I understand the risks of such participation which include broken bones, strains, sprains and fatigue, to name but a few. I agree to abide by posted safety rules and to conduct myself in a safe and responsible manner. I attest and verify that I am physically fit to participate in these activities. I further understand that the University provides no medical coverage for these activities. Should I incur medical expenses, I understand that I am solely responsible for such costs

Name (Please Print)

Signature

Date

Signature of Parent/Legal Guardian, If under 18

Date

Name of USER Group