



## LIABILITY RELEASE FORM

To: Dances of Universal Peace

Event name: \_\_\_\_\_

Location: \_\_\_\_\_

Date / timeframe: \_\_\_\_\_

Participant name: \_\_\_\_\_

By signing below, I assume any risk of harm, injury, or illness that might occur to me during my participation in this event. I release Dances of Universal Peace and all staff associated with this event from any liability, cost, loss or damages that might occur to me, to my children or to my pets, as a result of my participation.

Signature of participant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Emergency contact: \_\_\_\_\_

Phone / email: \_\_\_\_\_