The Hive: Centralia, LLC

Art & Movement Studio

First Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact/Emergency Medical Information Form and Waiver

Registrant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Allergies to Medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ailments/Any condition we should notify first responders of in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Registrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_- \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Waiver & Photo Release: In attending The Hive: Centralia, LLC, participating in classes and workshops, and otherwise using the properties provided, I do so at my own risk. The Hive: Centralia, LLC shall not be liable for any damages arising from personal injuries incurred by me, on or about the premises of the areas provided relative to my attendance. I assume full responsibility for any injuries, illness including COVID-19 or damages which may occur to me in, on or about the premises of the facilities provided, and I do hereby fully and forever release and discharge The Hive: Centralia, LLC and its instructors, facilitators, contractors, and sub-contractors from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my use and attendance of the said The Hive: Centralia, LLC classes, workshops, and otherwise using the properties thereof. I acknowledge the fact that certain types of injuries and illnesses are common and inherent in dance and group related activities. This release includes but is not limited to that type of injury and illness (COVID-19). I am responsible of my own well-being by making use of social distancing, following local/state protocol and choosing healthy methods when dancing and congregating. In any event I do not feel well; I will make the responsible decision to opt out of attendance of events. In addition, for valuable consideration received, I grant to The Hive: Centralia, LLC, the unrestricted right to use and publish photographs of me, for PR, promotional use, editorial, trade, advertising for The Hive: Centralia, LLC projects, books, lecture slide shows, and websites in any manner or medium.

I hereby warrant that I am of full age and have the right to contract in my name. I hereby release The Hive: Centralia, LLC and assignees from all claims and liability relating to said photographs. In addition, I agree to abide by all regulations set forth by the city of Centralia, Washington.

I HAVE READ THE ABOVE TERMS OF THIS AGREEMENT UNDERSTAND SAME AND AGREE TO BE BOUND BY EACH AND EVERY ITEM.

Authorized Legal Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_