Harvard Longwood Campus

Dance Class Participation

LIABILITY WAIVER AND RELEASE OF CLAIMS

I acknowledge that my participation in the Carnaval Samba and Afro-Brazilian dance class at the Harvard Longwood Campus scheduled from January 29, 2019 until February 26, 2019 is outside the scope and course of my employment and that I am participating at my own risk. I further understand that the dance class involves various physical exercises, including but not limited to stretching, balancing, and moving through space. I acknowledge that I am aware of the risk of physical injury inherent in such exercises and that I may suffer physical injury as a result of doing such exercises in the class or elsewhere. I acknowledge that I am freely and voluntarily choosing to participate in the class and deciding the extent to which I will participate. I agree that it is solely my responsibility to consult with a physician prior to commencing any exercise program, to remain under medical supervision if that is indicated, and to seek medical assistance in the event of any injury.

To the fullest extent allowed by law, I hereby (as applicable) hold harmless, release and indemnify President and Fellows of Harvard College and its officers, faculty, staff, volunteers, employees, agents, and members of its governing boards from and against any present or future claim, loss, or liability for injury to person or property that I may suffer or for which I may be liable to any other person, arising from or related to my participation in the class, resulting from any cause whatsoever and regardless of fault.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release of Claims form. I understand and agree that no oral or written representation can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles).

Print name: ____________________________

Signature: ____________________________

Date: ____________________________