



Release of Liability

Capital Region Dance Alliance & Saratoga Performing Arts Center (SPAC)

(Ages 18+, or parent/guardian of student)

I do hereby agree to waive and release, and hold harmless **Saratoga Performing Arts Center (SPAC)** and **Capital Region Dance Alliance**, their officers, Board of Directors, agents, and employees from and against all claims or causes of action or demands, liabilities, damages on account of any injury, illness, or accident involving my (or my student's) participation in classes, activities, or performances held in connection with the school, including the risk of being exposed to and/or infected with COVID-19. I understand that I (or my student) participate in this activity at my (their) own risk and that any medical expenses associated with this program are my responsibility.

Student Name (printed)

Guardian Name (printed)

Signature (Age 18+, or parent/guardian of student)

Date