

# THE TAYLOR SCHOOL

CAROLYN ADAMS – DIRECTOR OF EDUCATION

## Liability and Video/Photo Release Waiver for the 2024 - 2025 Academic Year

### Liability Waiver

As a participant at The Taylor School, for either in person or online virtual classes (i.e. Zoom classes) I am stating that I do not have any physical disorder, injury, or disability which might jeopardize my participation; and that I assume all risks of any damage, injury or disability to my person or property that may occur as a result of such participation; and that I fully and completely release, acquit, and forever discharge the Taylor School, the Paul Taylor Dance Company, Paul Taylor American Modern Dance, and the Paul Taylor Dance Foundation, Inc., and the respective principals, officers, directors, agents, insurers, employees, representatives, successors and assigns, for all of the above intentions, from any and all claims, actions and causes of action that I may have now or may have in the future of any nature whatsoever. I further state and acknowledge that I will be solely responsible for any and all costs and expenses that I may suffer of any kind, whatsoever, in any matter relating to my participation in all the institutions listed herein, including, without limitation, costs, and expenses arising out of any injury or other damages or loss I or any other person or entity may sustain and that I will not sue or assert any such claim against any of the designated parties.

The undersigned hereby agrees and acknowledges that he/she has read and understands and accepts conditions to participation set forth above herein and agrees to observe such conditions in full.

By agreeing to the above, you will be solely responsible for any injury or damage which may result from your participation in The Taylor School, and will give up and release any right you may have to sue for injuries or damages resulting therefrom.

Attendee Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian if under 18)

### Video/Photo Release

For valuable consideration, receipt of which I hereby acknowledge, I irrevocably consent to and authorize the use of and reproduction by PTDC, or anyone authorized by PTDC, of any and all video/moving images and photographs that you have taken of me or my child for any purpose whatsoever, in all media without further compensation to me. These images, moving or still, and all film, video tapes, photographs, negatives or positives and any other derivatives from them, shall constitute the sole property of PTDC.

Attendee Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian if under 18)