

## Liability Release Form

**Participants Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Gender:**        M   or   F

In the event of a medical emergency, I \_\_\_\_\_  
relieve Cultural Interchanges and the Ladek Zdroj International Dance Festival  
Organization (Abakurs) of all responsibility and consequences that may arise. I  
understand that participation in any physical activities during this trip may cause an  
injury. I will not hold Cultural Interchanges and the Ladek Zdroj Summer Dance Festival  
or it's administrators (ABAKURS) or any employees liable in the event of any injury,  
loss of property, delay or early return from Ladek Zdroj that may arise in any  
circumstances.

Further, I agree to accept all financial responsibility as a result of any necessary  
medical treatment. I also accept all responsibility for damage to any property that I may  
knowingly or inadvertently cause.

I state that I am in good health

**Signature** \_\_\_\_\_ date \_\_\_\_\_

**Parent** \_\_\_\_\_ date \_\_\_\_\_

(If the participant is under 18)