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# Student Participation Form

This form puts forth various policies associated with participation in activities involving THSBA instructors and THSBA events. Students and their parent(s)/legal guardian(s) must read and sign this form before that student can participate in activities involving THSBA volunteer instructors and/or THSBA events.

**Injury-** I and my child acknowledge that there is a risk of injury involved with physical activities such as ballroom dance. We understand that THSBA volunteer instructors will do their best to lower the risk of injury but understand that neither THSBA nor volunteer instructors can eliminate the risk of physical injury in ballroom dance and related activities. Injuries may and do occur. I and my child accept and assume the risk of injury that might occur from participation in ballroom dance and related activities, THSBA activities involving volunteer instructors, and THSBA events.

**Physical Contact-** I and my child accept that ballroom dancing inherently involves a large amount of physical contact. We acknowledge that participation in activities involving THSBA volunteer instructors or participation in THSBA events is completely voluntary and that if my child is uncomfortable with physical contact inherent with ballroom dance, they should not participate.

I and my child understand that a THSBA volunteer instructor may engage in physical contact with my child in order to demonstrate a dance step, teach a new dance step, help my child practice a dance step, or for other reasons directly pertaining to teaching ballroom dance. I and my child understand that my child's private parts will never be intentionally touched and that such contact, including dance moves involving such contact, are strictly prohibited in THSBA activities.

I and my child understand that if there is any prohibited physical contact between a THSBA volunteer instructor and a student, including my child, or any prohibited contact between students, including my child, at activities involving THSBA volunteer instructors or THSBA events, I or my child must report it to the THSBA Instructional Director and/or the faculty sponsor associated with their club.

**Transportation-** I and my child understand that participation in THSBA events is completely external to the Wake County Public School System and that participants in THSBA events are responsible for providing their own transportation to and from events.

**THSBA Liability-** I and my child understand that participation in any activity involving THSBA instructors or in any THSBA event is completely voluntary and that THBSA is not liable for any harm, physical or otherwise, incurred while participating in these activities or events.

We knowingly, freely, and willfully accept the above listed policies.

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_