



SCHOOL OF MUSIC, THEATRE, AND DANCE

COLORADO STATE UNIVERSITY

You, or your child, is a registered participant for one of Colorado State University's Dance Engagement Activities. These activities are facilitated by current CSU students, faculty, staff, and/or invited guest artists and involve group or one-on-one in-person and/or virtual contact. Participants are asked to follow along with age-appropriate dance movements, create and perform their own dance movements, view and respond to live/recorded dance performances, and to ask and reply to questions related to content.

As with any physical activity beyond day-to-day actions, there is a potential risk of bodily injury, death or damage to property. As with all exercise programs, all participants should listen to their bodies. To reduce and avoid injury, all participants should check with their doctor before beginning any movement activities included. By performing any fitness/dance exercises, you are performing them at your own risk.

For virtual engagement, risks of online activity include, but are not limited to, data mining, phishing, viruses, malware, data breach of online information, cyber predators, cyberbullying, and image replication.

Activity: CSU Dance Lab

Participant Name:

Name of health insurance carrier:

Policy number:

☐ By checking this box, I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, and other persons as set forth above.

Media Recording

CSU may record participants' appearance on video, audio, photography, or other media and may use participants' names, likeness, and/or voice in connection with these recordings. CSU may use, reproduce, distribute, publicly display and/or perform these recordings, either electronically or by any other media, whether now known, or hereafter existing. CSU may allow others to do the same for any purpose related to CSU's mission, including without limitation, promotional or educational.

☐ By checking this box, I give my consent for CSU to publish, republish or otherwise transmit the images of myself, or my child, in any media for all purposes. I understand the images may be altered or modified and that recordings shall be the property of Colorado State University. I authorize the use of these materials indefinitely without compensation to me.

Student Signature

Date

If participant is under 18 years of age, please also provide

Parent/Guardian Signature

Date

Medical History and Authorization for Medical/Surgical Treatment

Student's Legal Name: _____ DOB: _____ (mm/dd/yyyy)

Phone Number: _____ Email: _____

Address: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone: _____ Alternate Phone: _____

Physician's Name: _____ Phone: _____

List current medications:

Chronic illnesses/injuries:

Recent injuries/surgeries:

Allergies:

Please check the appropriate response below:

I carry an EpiPen for my condition ____ Yes ____ No I carry an inhaler for asthma ____ Yes ____ No

Other medical information:

If participant is under 18 years of age, please provide parental consent for the section below:

In the event of an accident or illness which may require medical attention while attending activities at Colorado State University, I give permission for my child to be transported to the nearest medical facility. I consent to my child being transported by ambulance, university rental car, or the personal vehicle of a CSU resident assistant or staff member. I give permission for my child to be treated at CSU Health Network, UC Health Poudre Valley Hospital, or by any available physician, emergency medical technician or dentist. I grant permission to the treating physician or other health care providers to employ such diagnostic procedures and medical treatment as deemed necessary. I authorize all medical care units to release medical record information to the University's workers' compensation health care provider and insurance carrier in order to process claims. **I understand that I am financially responsible for all charges and hereby guarantee full payment to the physicians or health care units.** Without my express revocation, this consent for treatment is effective through the last day of CSU Dance Lab. I do hereby indemnify and hold harmless the physician, hospital, the University, and other persons who act in reliance upon this authorization.

Parent/Guardian Signature

Date

Parent/Guardian Phone _____

Dance Lab Hotel - Supervised Residential Participant Agreement
This form is required ONLY for those staying at the hotel

A high degree of responsibility and maturity is expected of our students. It is important for reasons of safety and program effectiveness that certain standards of behavior be followed by all students. Your signature on this form indicates that you have read, understand, and agree to follow the rules listed below. Violation of any of the rules may be cause for expulsion from the program or for other appropriate disciplinary action to be determined by staff.

1. All students must attend all classes and activities. Absence or tardiness is unacceptable except for excused medical emergencies or when arrangements cannot be made outside of class time. Students must inform the Program Director in advance for the excuse to be considered valid.
2. The use, or possession of drugs, alcohol or weapons is not permitted under any circumstances, and is cause for immediate expulsion.
3. Curfew at the Hilton Fort Collins residence begins at 9 pm (in building for all residents) and in individual rooms at 10 pm. Quiet hours are nightly from 10 pm to 7 am.
4. No residential student may ride in or drive any personal vehicle during the CSU Dance Lab unless arrangements are made in advance with the Program Director.
5. If leaving the residential area, ALL attendees must sign-out and travel in groups of two or more.
6. Unless indicated below, participants under the age of 18 must be accompanied by an RA when leaving studio or residential areas.
7. Students are expected to behave in a respectful, responsible, and non-disruptive fashion at all times and are expected to exercise sound judgment regarding behavior. Any questions about particular situations should be addressed with CSU Dance Lab Director, Instructors, or Mentors.
8. Students are not to engage in any verbal, physical or sexual harassment of others. (e.g. no bullying)
9. Students are responsible for reading, understanding, and following these policies.

Printed Name of Student _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

To check in at the hotel, guests are required to provide a credit card for incidentals. If the participant is unable to provide a physical card with their name on it at check in and a parent/guardian will NOT be present to provide a credit card, a credit card authorization form may be sent directly to the hotel prior to check in. The Hilton Fort Collins will reach out to this email with the form and further instructions. If a need for this form is anticipated, please provide an email address: _____

Optional Excursion:

Participant may be offered the opportunity to travel within city limits or to surrounding cities as far as Boulder or Denver, CO in a vehicle owned, operated, or chartered by Colorado State University, together with other participants, students, faculty, administrators, or invitees of CSU. Such travel is not mandatory.

I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver

Student Signature

Date

Parent/Guardian Signature

Date

Additional Permissions:

I, _____, request that my child, _____, be permitted to depart the residential and studio areas UNACCOMPANIED by a Residential Assistant or Staff Member between 7:00am and 10:00pm.

Parent/Legal Guardian Signature _____ Date _____