



ACETTES ALUMNI DANCE

Rehearsal: Saturdays, December 22nd & December 29th 8:30-11:30am

@ OCHS Large Gym

Performance Friday, January 4th

@ halftime of 7pm Boys Basketball Game at Sportscenter

Cost is \$20 (includes t-shirt & admission to game)

Please turn in this registration form with payment at any OCS site
or email form to ochsacettes@gmail.com

OWENSBORO CATHOLIC SCHOOLS – RELEASE FROM LIABILITY FOR NEGLIGENCE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you, your family and personal representatives give up the right to bring any action to obtain any remedy for injury to yourself, damage to your property of others or for your death, as a result of your participation in Owensboro Catholic Schools camp activities. In consideration for being permitted to participate in (specifically) **OCHS Acettes Alumni Dance**, during the period **12/22/18 & 12/29/18 Rehearsal & 1/4/19 performance** I, the undersigned, acknowledge and agree as follows:

ACKNOWLEDGEMENT OF RISK

I fully recognize and appreciate the dangers inherent to myself traveling to and participating in these activities. I hereby state that I have full knowledge of the dangers involved in these activities and agree to assume all risks and responsibilities associated with my participation in these activities.

AGREEMENT TO RELEASE FROM LIABILITY

I, the undersigned, do for myself on behalf of my family and my personal representatives, hereby agree to forever release and hold harmless Owensboro Catholic Schools, all of its trustees, officers, agents and employees for any and all liability arising from any claim, demand or cause of action of any nature for:

Personal injury to myself or to others

Damage to my personal property or to the personal property of others or

I certify that I am in good health and that I have no physical limitations that would preclude me from participating in these activities.

I fully understand that the terms of this agreement are legally binding and that I am signing this agreement after having completely read it.

Name _____

OCHS Year of Graduation: _____

Shirt Size: AS AM AL AXL A2XL

Allergies or Restrictions: _____

Signature _____ (Required for participation)

Date _____

Emergency Contact:

Name (print) _____ Phone Number _____