



413-695-1799
scdtnoho.com

RELEASE AND WAIVER OF LIABILITY AGREEMENT

AGREEMENT: I/My child, _____, agree to all statements below.

WAIVER AND RELEASE: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with my participation in SCDT activities and events. I understand SCDT is following MA state guidelines around COVID safety protocols. I further agree that SCDT and any premises that SCDT holds classes and events along with the employees, teachers, agents, offices and directors of these organizations shall not be liable for any losses or damages occurring as a result of my /his or her participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of the organizations or individuals identified above. I understand that photos and/or videos of classes may be used for marketing purposes at the discretion of SCDT faculty. These images will not be attached to my/my child's name without my permission.

Signature of Participant

Date _____

If participant is under 18:

As legal parent or guardian of this student, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes and events conducted by SCDT.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

_____ Date: _____