

## RELEASE OF LIABILITY STATEMENT FOR DANCE CHALLENGE

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I, \_\_\_\_\_, hereby acknowledge that I am voluntarily participating in the Dance Challenge organized by the Doleman Black Heritage Museum and the Friends of Doleman Black Heritage Museum (hereinafter referred to as "the Organizations").

I understand that participating in dance activities involves certain risks, including but not limited to the risk of injury, accidents, falls, and physical exertion. I know that dancing may require physical movement, coordination, and agility, and I assume all risks associated with participating in this event.

In consideration for being allowed to participate in the Dance Challenge, I hereby waive, release, and discharge the Doleman Black Heritage Museum and the Friends of Doleman Black Heritage Museum, their officers, directors, volunteers, employees, and agents from all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me during the course of my participation in the event.

I understand and acknowledge that this release of liability includes any claims based on negligence, action, or inaction of the Organizations, their officers, directors, volunteers, employees, or agents, whether caused by the fault of the Organizations or otherwise.

I understand that by signing this agreement, I am giving up my right to sue the Doleman Black Heritage Museum and the Friends of Doleman Black Heritage Museum for any injury or damages that may occur due to my participation in the Dance Challenge.

I certify that I am physically fit to participate in this event and that I have no medical condition that would prevent my participation. I agree to abide by all rules and regulations established by the Organizations for the Dance Challenge.

I have read this release of liability statement carefully and understand its contents. I voluntarily sign this agreement of my own free will.

**Participant's Signature:** \_\_\_\_\_

**Participant's Name (Printed):** \_\_\_\_\_

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