



Performance Art Application and Risk Liability & Media Waiver

Application Deadline March 14, 2025



Name: _____ Phone #: _____ Email: _____

Preferred Method of Communication: or choose more than one Call Text Email

Age: _____ Grade: _____ School: _____

Parent Name: _____ Parent Phone #: _____

Mailing Address: _____

City/State/Zip: _____

AMP is a dual event with art and a performance showcase. All performers are asked to choose a visual art piece from the virtual gallery that inspires you to perform and the art will be displayed while you perform. [To view the AMP art pieces, visit www.lifeways.us/virtual-gallery.html](http://www.lifeways.us/virtual-gallery.html)

You may contact your Lifeways Counselor at your school if you have questions or at: office@lifeways.us or 605-716-6555

Visual art piece selection (*Chosen art is first come, first serve, and can only be chosen by one performer. You will be notified if your selection has already been chosen and you will be asked to select another piece.*)

Number: _____ Title: _____

Title of YOUR Performance Piece: _____

Description of your Performance and any props or assistance you will need. _____

Supporting Documentation: It is not required, but if you have an audio or video clip of your planned performance, please send to office@lifeways.us. A Lifeways counselor may contact you upon receiving application to obtain more details on your performance if needed.

REQUIRED PERFORMER AND PARENT SIGNATURES

I understand that if my (my child's) performance application is approved, I (student) must be present for both the Dress Rehearsal (Friday, March 28, 2025, from 5:00 PM- 7:00 PM) AND the AMP Live Event on Saturday, March 29, 2025, from 4:45 PM- 8:00 PM. Show begins at 6:00PM. Both the Dress Rehearsal and AMP Live Event will be held at The Dahl Arts Center, 713 7th St, Rapid City.

Student/Performer Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PLEASE SEE REVERSE FOR RISK LIABILITY AND MEDIA WAIVER

1010 9th Street, Suite 2•Rapid City, SD 57701
Phone 605.716.6555 • Fax 605.716.6557 • office@lifeways.us



Lifeways is a United Way partner agency

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (referred to as "I" or "me") desires to participate in a performing arts activity (the "Activity") during an annual event (AMP) sponsored by Lifeways, Inc., a South Dakota nonprofit corporation ("Lifeways"), at the premises where the Activity is being held (the Dahl Arts Center) (the "Premises"). In consideration of being permitted by Lifeways to enter the Premises and participate in the Activity and in recognition of Lifeways' reliance hereon, I agree to all the terms and conditions set forth in this agreement (this "Release").

DANGEROUS ACTIVITY/ASSUMPTION OF THE RISK. I am aware and understand that the Activity involves the risk of personal, physical or psychological injury, pain, suffering, temporary or permanent disability, death, property damage, and/or financial loss. I acknowledge that these risks may result from or be compounded by the actions, omissions, or negligence of Lifeways' employees or others, including, but not limited to, negligent emergency response or rescue operations efforts of Lifeways. I understand that Lifeways cannot guarantee that I will not be injured while on the Premises or during my participation in the Activity. NOTWITHSTANDING THESE RISKS, I ACKNOWLEDGE THAT I AM VOLUNTARILY ACCESSING THE PREMISES AND PARTICIPATING IN THE ACTIVITY WITH FULL KNOWLEDGE OF THE DANGERS INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF ILLNESS, PERSONAL, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, TEMPORARY OR PERMANENT DISABILITY, DEATH, PROPERTY DAMAGE, AND/OR FINANCIAL LOSS ARISING THEREFROM, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF LIFEWAYS OR OTHERWISE.

WAIVER AND RELEASE OF CLAIMS. I hereby expressly waive and release any and all claims, now known or hereafter known, against Lifeways and its officers, directors, manager(s), employees, agents, affiliates, insurers, indemnitors, successors, and assigns, (collectively, "Releasees") on account of personal, physical or psychological injury, illness, pain, suffering, temporary or permanent disability, death, property damage, or financial loss arising out of or attributable to my being on the Premises or participating in the Activity, whether arising out of the ordinary negligence of Lifeways or any Releasees or otherwise. I covenant not to make or bring any such claim against Lifeways or any other Releasee, and forever release and discharge Lifeways and all other Releasees from liability under such claims. This waiver and release does not extend to any liabilities that South Dakota law does not permit to be released by agreement.

REPRESENTATIONS. I confirm that I: (a) am in good health and proper physical condition and do not have any medical or other conditions that would impair my ability to participate in the Activity; and (b) will follow all instructions, recommendations, and cautions of Lifeways at all times. If at any time I believe conditions to be unsafe, or that I am no longer in proper physical condition to participate in the Activity, I will immediately discontinue further participation in the Activity. I acknowledge that Lifeways is relying on these statements to allow me to participate in the Activity.

Youth/Performer Signature: _____ Date: _____

Parent Signature for minor child: _____ Date: _____

PHOTOGRAPH, INTERNET, VIDEO, TELEVISION and/or SOUNDS RECORDING AUTHORIZATION AND RELEASE

I authorize Lifeways, Inc. to utilize photographs, audio or videos that I and my parent/guardian have been included as part of my participation in Lifeways AMP prevention events for any and all purposes related to the promotion of Lifeways' mission.

I hereby irrevocably authorize Lifeways to copy, exhibit, publish, and/or distribute such materials, now or at any time in the future, for the purposes of Lifeways programs, advertising, or any other lawful purpose. In addition, I hereby waive all right to inspect or approve the use of the materials, now or in the future.

Youth/Performer Signature: _____ Date: _____

Parent Signature for minor child: _____ Date: _____