

VAGANOVA INTERNATIONAL PROGRAM

SUMMER INTENSIVE — LIABILITY WAIVER

Program:
VIP Summer Intensive

Date(s):
6/21/2026 (*if boarding*) | 6/22/2026 – 7/3/2026

Participant:

Age (at time of participation):

Purpose

This form is to be signed by each participant (or the parent/guardian of any participant under the age of 18) involved in the Vaganova International Program (hereinafter VIP) Summer School. Participants who are 18 years of age or older may sign on their own behalf.

Liability Release

THIS IS A RELEASE OF LIABILITY. Participant knowingly and voluntarily waives, releases, exculpates, and discharges VIP and any related third-party entities or contractors from and against any and all Potential Liabilities connected with the VIP Summer School. By signing this form, the Participant voluntarily agrees to discharge VIP and any related third-party entities or contractors in advance from all such Potential Liabilities.

The Participant agrees to comply with the VIP Code of Conduct as well as all other rules and regulations implemented during VIP Summer School that will be communicated to participants. These may be revised from time to time.

Indemnification

The Participant agrees to hold harmless and indemnify VIP from and against Potential Liabilities related to or arising from Participant's involvement in the VIP Summer School.

Assumption of Risk

The Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death, including, without limitation:

- Travel/traffic risks such as accidents, crashes, and risks from autos operated by VIP, and other related third-party entities or contractors' staff as well as autos operated by other individuals or entities, poorly maintained roads, sidewalks, as well as criminal acts that can result in serious injury or death;
- Premises risks, including those that may be owned by others and risks from water, such as drowning;

- Injury risks from falls, collisions, or accidents (such as cuts, bruises, torn muscles, sprains, broken bones, concussion, etc.);
- Outdoor risks, such as weather, lightning, heat or cold, insect bites/stings, allergic reactions to plants, dehydration, hypo/hyperthermia, drowning, sunburn, animals, and limited access to medical care;
- Risks from others involved in the VIP Summer School such as transmitted illnesses or others' actions;
- Health risks, such as allergic reactions, heart or respiratory events as well as other risks inherent in any strenuous activities, including things identified as "injury risks" herein;
- Equipment risks, including failure, misuse, inherent risks, and risks from VIP, UNLV or other organizations' equipment;
- Other risks and hazards beyond the control of VIP, including criminal acts that can result in serious injury or death.

The Participant acknowledges that they have had an opportunity to investigate VIP Summer School before executing this form and, knowing and understanding all risks associated with the Program, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in VIP Summer School. Participants and their parents/guardians, in the case of participants under 18, also agree to take all reasonable steps to avoid any risks, injury, or death.

Health Care and Emergencies

VIP does not accept responsibility or liability for providing health care services or health care insurance for participants. Participants (or their parents/guardians, if under 18) should consult their own medical care provider, and warrant their physical fitness to participate in VIP Summer School. Participant and Participant's parents or guardians agree to provide necessary supervision of all activities associated with VIP Summer School and further agree and understand that they shall be solely responsible for responding to health care events and other emergencies.

Participants (and/or parents or guardians, if under 18) agree to maintain throughout their participation in VIP Summer School valid and sufficient medical and accident insurance. Participants accept that this is their sole responsibility, and release VIP and entities affiliated with it from providing coverage for participants.

Participant (or their parents/guardians, if under 18) agrees to be responsible for the payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to the Participant. Further, the Participant (or parents/guardians) agrees to indemnify and hold VIP harmless from any claim that may be made by a doctor or medical facility of said fees and charges incurred in the provision of medical care to the Participant.

VIP staff cannot provide nor administer medication, whether prescribed or over the counter, to any VIP Summer School participant. Participants who regularly take medication should make sure that they bring enough for the duration of their stay and that they are able to self-administer

them. VIP does not accept responsibility or liability for participants self-administering any type of medication, including controlled substances.

Participants agree to report and list their current healthcare conditions as well as medications they are taking, prescribed or otherwise.

Conditions:

Medication (s) administered by student, List here.

Need refrigeration? If YES List medications and dosage here _____

Conduct

Participants agree, for the duration of the VIP Summer School, to abide by all applicable federal, state, and local laws as well as VIP Code of Conduct. Participants also agree to follow posted signs as well as instructions and directions of VIP/UNLV staff.

Photography

Participant acknowledges that photographs and possible video/audio recordings may be taken and irrevocably and perpetually authorizes VIP to broadcast these images and/or video/audio recordings. Participants release and discharge VIP from any potential claims related to the broadcast or use of their image, and any potential claims related to the work. Participants waive any right to inspect or approve the work or the broadcast of their image. This agreement shall be interpreted in accordance with applicable law. This is the entire agreement of the parties, and any changes must be in writing.

Definitions

- Applicable Law – the laws of the State of Nevada, without regard to conflicts of laws provisions. VIP does not waive, but reserves, all immunities.
- Broadcast – to use, reuse, broadcast, publish and/or copyright, in whole or in part, for advertising, promotion, publicity, trade, educational, commercial, merchandising, packaging, public relations and media purposes, in all media, worldwide without limitation, in perpetuity.
- Image – image, picture, name, biographical information, voice, statements, recordings or interviews made by or attributable to the person who is appearing in the work,

verbatim or otherwise, photographic portraits, drawings, visual representations, video tapes, motion pictures, or other use of likeness in whole or in part, and any reproductions thereof.

- Participant – the person participating in the VIP Summer School or any VIP employee (regular or temporary), 3rd party employee, student, or volunteer working in any capacity to facilitate or support the VIP Summer School. If the Participant is under the age of 18, or is under some form of court-ordered guardianship or custodial arrangement, permission and acknowledgement by a parent/guardian is required.
- Potential Liabilities or Claims – any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from the Participant’s involvement in the Program.
- VIP Summer School Program, including all activities incidental or connected therewith, such as housing, dining, training, activities, and transportation. Programs may require transit between two or more locations. The terms of this document will apply regardless of Program location, including to and from the event(s).
- VIP – The Board of the Vaganova International Program (VIP), including their respective members, employees, agents, representatives, and volunteers.
- Work – the finished product and any material used in connection therewith.

Emergency Contact(s)

Name:

Phone:

Name:

Phone:

PARTICIPANT ACKNOWLEDGEMENT

I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT AND, RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE OF THE RISKS ASSOCIATED WITH THE PROGRAM, WHICH INCLUDE SIGNIFICANT INJURY OR DEATH, VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN VIP SUMMER SCHOOL. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

SIGNATURE — Complete EITHER Section A (if participant is under 18) OR Section B (if participant is 18 or older).

SECTION A — Parent/Guardian Signature (Required if participant is under 18)

Parent/Guardian Signature

Date

Printed Name

Relationship to Participant

SECTION B — Participant Signature (Only if participant is 18 or older)

By signing below, I confirm that I am 18 years of age or older and am signing this document on my own behalf, fully understanding and agreeing to all terms herein.

Participant Signature

Date

Printed Name

Phone

Parent Waiver for STUDENTS of VIP

Please initial each item below to indicate your authorization. A Parent/Guardian must complete this section for participants under 18. Participants 18 or older may complete this section themselves.

Initial: **Off-Campus Food Establishment Visits (Buddy System Required):** I authorize my student/myself to leave the lodging outside of class time to visit nearby food establishments within a two (2) block distance of the dormitory — such as In-N-Out Burger, Chick-fil-A, or Starbucks — provided that: (a) the student travels using the buddy system only (accompanied by at least one other program participant at all times); and (b) the student notifies their assigned VIP chaperone prior to departure and upon return.

Yes, I authorize this activity: No _____

Initial: **On-Campus Student Union Visits (Buddy System Required):** I authorize my student/myself to visit the UNLV Student Union on campus at any time during approved free hours, provided that: (a) the student travels using the buddy system only (accompanied by at least one other program participant at all times); and (b) the student provides mandatory prior notification to their assigned VIP chaperone before leaving the dormitory and notifies the chaperone again upon return.

Yes, I authorize this activity: No _____

I understand that failure to follow these protocols — including departing without a buddy or without notifying the chaperone — may result in the immediate revocation of these privileges and may result in disciplinary action in accordance with the VIP Code of Conduct.

ACCOMMODATION AUTHORIZATION SIGNATURE — Complete *EITHER* Section A (if participant is under 18) OR Section B (if participant is 18 or older).

SECTION A — Parent/Guardian Signature (Required if participant is under 18)

Parent/Guardian Signature

Date

Printed Name

Relationship to Participant

SECTION B — Participant Signature (Only if participant is 18 or older)

By signing below, I confirm that I am 18 years of age or older and am signing this document on my own behalf, fully understanding and agreeing to all terms herein.

Participant Signature

Date

Printed Name

Phone

**VIP SUMMER SCHOOL — COMMUNICABLE DISEASE
ACKNOWLEDGEMENT**

COVID-19 & Communicable Diseases — Acknowledgement and Assumption of Risk

Participants 18 or older may sign on their own behalf. Participants under 18 require a Parent/Guardian signature.

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Acknowledgement and Assumption of Risk

By signing below, I understand that COVID-19, as well as other communicable diseases, can be an extremely contagious disease that can lead to severe illness or even death. Based upon my personal knowledge and available information, I understand that there is an inherent risk of exposure to COVID-19 and other communicable diseases in any place where people are present. I further understand that participation in VIP Summer School, including on-campus events, programs, and activities may expose the Participant to a risk of contracting COVID-19 and other communicable diseases.

I acknowledge the risk of such exposure or infection, notwithstanding the efforts the University and the Program are taking to limit such exposure or infection, and I voluntarily assume such risk. VIP and UNLV have the right to implement the necessary rules, regulations, and protocols relating to the COVID-19 pandemic and other communicable diseases, including the observance of social distancing guidelines, maintenance of personal hygiene requirements, use of personal protective equipment, cooperation with contact tracing, and compliance with isolation or quarantine requirements. The Participant agrees to comply with all Health and Safety Rules and Requirements implemented by VIP Summer School and UNLV, which may be revised from time to time.

PARTICIPANT ACKNOWLEDGEMENT

I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS ENTIRE DOCUMENT AND, RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE OF THE RISKS ASSOCIATED WITH THE VIP SUMMER SCHOOL, WHICH INCLUDE SIGNIFICANT INJURY OR DEATH, VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN THE VIP SUMMER SCHOOL.

SECTION A — Parent/Guardian Signature (Required if participant is under 18)

Parent/Guardian Signature & Date

Phone Number

Student Signature

Printed Name

SECTION B — Participant Signature (Only if participant is 18 or older)

By signing below, I confirm that I am 18 years of age or older and am signing this document on my own behalf, fully understanding and agreeing to all terms herein.

Participant Signature

Date

Printed Name

Phone