

Summer Intensive - European Preselection Indemnification and release

July 6th to 11th 2023

Participants monitoring from Thursday, July 6th, to Tuesday, July 11th, 2023:

- At least one representative of the Fondation en faveur de l'Art Chorégraphique, organizing the Prix de Lausanne (hereafter: the PDL organization team), will be present and accompany students participating in the Summer Intensive European Preselection (hereafter: the SIEP) at the event location, Béjart Ballet Lausanne, in the studios for classes, during lunch and during special group events organized during the week.

If for any reason the participants leave the studios or the group during the day or in case of early departure in the evening, the PDL will not be held responsible for the participants while he/she is away.

- Underage participants will however not be accompanied to the studios every morning, to the restaurant for lunch or to their hotel every night.
- Relatives and accompanying persons will not be allowed to be present for SIEP classes or lunch during the week. They will, however, be invited to watch classes / coaching and to the closing ceremony on Tuesday, July 11th.
- Participants can have access to a doctor or physiotherapist if needed. All treatment will be at the expense of the participant. Participants must always carry their insurance card with them.
- At the end of the day, participants will be free to leave the studios (except in case of special activities). Underage students will not be supervised by the PDL organization team.
- In case of special activities such as a sightseeing trip, PDL organization team will accompany participants and always remain with them throughout the activity as well as until their relative and/or accompanying person picks them up at the end of the activity.

Indemnification and release:

- As parent, guardian or managing conservator of the underage child named below and taking part in the Summer Intensive European Preselection (hereafter: SIEP), I understand that there is a risk of injury inherent in dance training, educational and recreational activities. Consequently, the PDL and its representatives will not be held responsible for any accident, injuries or illness sustained by the participant mentioned below during or because of his/her participation in the SIEP. I, therefore, expressly consent to his/her participation in the SIEP program as well as other activities in connection with it.
- I hereby agree to indemnify and hold harmless the PDL and its representatives for any loss, claim, damage, suit, costs, or expenses resulting from, relating to the participation of the below-named child in the SIEP or any other activities in connection with the PDL.
- I also understand that the PDL cannot be held responsible for any activity which is not under its control in case of a third party's fault.



Consent to medical treatment:

Even though all precautions will be taken during the SIEP, the possibility of an accident remains. If, in the judgment of a representative of the PDL, the participant's name below should need immediate care and treatment because of any injury or sickness, I, as a legal guardian, do hereby authorize and consent to such care treatment as may be given by any qualified physician, athletic trainer, nurse or PDL representative. Moreover, I hereby authorize, a member of PDL staff to represent myself and to consent to the medical treatment – **in case of an emergency and when I cannot be contacted to provide such consent**. Such medical treatment for which I am hereby providing consent includes, without limitation, X-ray examination; anesthetic treatment; medical (whether on-site at the PDL's studios or off-site) examination or treatment; and general hospital care. I do hereby agree to indemnify and save harmless the PDL or its representatives, except in case of serious misconduct.

If, between this date and the beginning of the SIEP, any illness or injury should occur that may limit the participation of the underage named below to the SIEP, I agree to notify the PDL immediately.

I hereby will make sure that the participant named below will carry his/her insurance card during his/her participation to the SIEP (or insurance document requested in case of medical care or hospitalization).

I certify that I have carefully read, fully understood, and agreed to the above statements.

Applicable law and jurisdiction

Swiss law is applicable. Jurisdiction is in Lausanne.

Read and approved.

Location and date:

Name of the Participant:

Signature of the participant:

Name of the legal representative:

Relation to the participant:

Signature of the legal representative: