



## RELEASE OF RESPONSIBILITY

I, \_\_\_\_\_ (the participant), ASSUME ALL RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES carried out by **Casa EYFA, INC** with the **Puerto Rico Bellydance Fusion Festival International**, including by way of example and without limitation, any risk that may arise from negligence or carelessness on the part of the released persons or entities, for equipment or property dangerous or defective that are owned, maintained, or controlled by them, or by your possible no-fault liability.

**I CERTIFY**, that I am physically fit, have sufficient preparation or training to participate in this activity, and have not been advised by a qualified medical professional not to participate.

**I CERTIFY**, that there are no reasons or health-related problems that prevent my participation in this activity. I acknowledge that the owners, sponsors, and organizers of the activity in which I may participate will use this Accident Liability Waiver and Liability Release Form, and that it will govern my actions and liabilities in such activity.

In consideration of my request and allowing me to participate in this activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors by assigning as follows:

(1) **I WAIVE, RELEASE, AND DISCHARGE** from any liability, including, but not limited to, liability arising from the negligence or fault of the released entities or persons, for my death, disability, personal injury, property damage, theft of property, or actions of any kind that may occur during and in the future, including my travel to and from this activity,



**THE FOLLOWING ENTITIES OR PERSONS: Ángel Manuel García, Carlos Narváez, Zor Ortiz Rodriguez, Casa EYFA, Inc,** and/or their directors, officers, employees, volunteers, representatives and agents, and the owners of activities and sponsors;

(2) **INDEMNIFY, FULFILL PURPOSE AND PROMISE NOT TO REACH** the entities or persons mentioned in this paragraph from all liabilities or claims made as a result of participation in this activity, whether caused by negligence of release or otherwise.

I acknowledge that, **Angel Manuel Garcia, Carlos Narvaez, Zor Ortiz Rodriguez, Casa EYFA, Inc.,** and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, or acts of any party or entity performing a specific activity on their behalf. I recognize that this activity may involve a test of a person's physical and mental limits and carries the possibility of death, serious injury, and loss of property. Risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicle traffic, lack of hydration, and the actions of other people, including, but not limited to, participants and volunteers, monitors, and/or producers of the activity. These risks are not only inherent to the participants but are also present for the volunteers.

I hereby consent to receive such medical treatment as may be deemed appropriate in the event of injury, accident and/or illness during this activity.



**PHOTOGRAPHY AND PROMOTIONAL IMAGES:** I understand that while participating in this activity, I may be photographed and/or recorded. Professional photography and videography will be handled by **Jiom Photography** led by owner **José I. Ortiz Mangual** and assistants. **EYFA Staff** will also be taking photos and/or videos for promotional use. I agree to allow my image, video or film to be used for any legitimate purpose by activity holders, producers, sponsors, organizers and assigns. With this signed consent, I authorize for any image and/or recording to be used for promotional purposes of **Jiom Photography, Puerto Rico Bellydance Fusion Festival and/or Estudio y Formación Actoral (EYFA)**.

The Liability Waiver and Accident Liability Release Form shall be interpreted broadly to provide a waiver to the maximum extent permitted by applicable law.



**AUTHORIZATION IN CASE OF EMERGENCY**

In case of emergency during the **Puerto Rico Bellydance Fusion Fest event**, I authorize the following person(s) to call medical services in case of emergency. If necessary, contact the following person authorized by the participant:

**Name(s):** \_\_\_\_\_

**Relationship:**  
\_\_\_\_\_

**Phone(s):** \_\_\_\_\_

I, \_\_\_\_\_, certify that I have read this document and fully understand its contents. I am aware that this is a disclaimer and a contract, and I sign it of my own free will.

\_\_\_\_\_  
**Name and Signature**

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

\_\_\_\_\_  
**Parent/Guardian Name and Signature**

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

(If you are under 18, the parent or guardian must also sign)

*Adriana Carlos Yuncay 2026*  
**EUF** 



**Name/Seal and Signature**