



260 Centrum Blvd.
Orleans, ON. K1E 3P4
Phone: (613) 834-4329
Email: mikiwhytedance@hotmail.com
Web: www.dancerstudio.ca

LIABILITY RELEASE & WAIVER FORM

All participants MUST complete this form.

All participants and students must complete this form before participating in any classes at DanceR Studio. If participant is under age 18, a parent or guardian must also sign this form.

Admission to class and/or rehearsal will not be granted if this form is not received prior to class and is not properly signed.

Waiver of Liability

1693981 Ontario Inc. doing business as DanceR Studio ("Dancer Studio") values each dancer, both as an individual and as a dancer. We will make every effort to preserve the safety and security of the dancers. It is our aim to build self-esteem through achievement in dance.

I, the parent or guardian named below, will not hold DanceR Studio or its employees or volunteer staff responsible for any accident or injury which may occur during the time which the dancer, named below, is present at DanceR Studio *dance school* or taking part in any of its events. I understand that every effort to ensure the safety of my child will be taken while at the school or event. I will not undertake any legal proceedings against DanceR Studio if such accident or injury should occur.

Initials: _____

Photo Release

DanceR Studio creates memories by photograph and video recordings in class, at rehearsals and during performances.

I, the parent or guardian named below, consent to the inclusion of the image of my dancer, named below, in these photos and video recordings. I understand that images captured by the dance school are and remain the property of DanceR Studio, and may be used in its publicity and advertising, without payment therefor. Students, or parents of students who are minors, who do not wish to comply with this policy must notify DanceR Studio prior to participation in class.

Initials: _____

Payment Agreement

I, the parent or guardian named below, being responsible for the dancer named below, agree to make tuition fee payments to DanceR Studio according to the schedule agreed upon, or as amended from time to time.

Initials: _____

Medical Release

In case of physical injury or medical emergency, I hereby authorize DanceR Studio to make necessary arrangements to transport myself or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if my child is under 18 years of age, I understand that DanceR Studio will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

Initials: _____

Acknowledgement of Waiver

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it. And I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which prelude or restrict my or my child’s participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me or my child.

Initials: _____

PLEASE PRINT CLEARLY

NAME OF PARENT OR GUARDIAN of Dancer (please print)

NAME OF DANCER (please print)

SIGNATURE OF PARENT OR GUARDIAN

DATE

HOME ADDRESS

PHONE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT (IF DIFFERENT FROM PARENT)

RELATIONSHIP TO PARTICIPANT

EMERGENCY PHONE NUMBER