**Liability Release / Waiver Form**

# All participants *must* complete this form

All participants and volunteers must complete this form before participating in any event held by Windsor Dance eXperience Inc. or located at the Windsor Dance eXperience Inc. Studio (866 Walker Road). If the participant is under the age of 18, a parent or guardian must also sign this form.

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

## Waiver of Liability

1. I, , am attending an event hosted by Windsor Dance eXperience Inc. and / or an event located at the Windsor Dance eXperience Inc. Studio (866 Walker Road, Windsor). I represent that I am physically fit and have no medical condition which would prevent my full participation.

2. I recognize my participation may require physical exertion which may be strenuous and may cause physical injury. I recognize and understand the risks of injury inherent to dance and I fully assume those risks. Such risks may include, but are not limited to, participating in choreographed dancing on top of set pieces (e.g., scaffolding), lifts, battle scenes, and use of props (e.g., prop swords). I agree to take full responsibility for any risks, injuries, or damages known or unknown which may incur as a result of my participation.

3. I knowingly and voluntarily waive any claim I may have against Windsor Dance eXperience Inc., any of its instructors or volunteers, or the venue in which the event is held for any and all injury and damage that I may sustain or illnesses contracted before, during, or after as a result of the event.

4. I agree to obey the rehearsal and facility rules and take full responsibility for my behaviour in addition to any damage I may cause to the facilities utilized by Windsor Dance eXperience Inc.

## Protection of Property

I understand and agree that it is my sole responsibility to safeguard my personal property. I hereby release Windsor Dance eXperience Inc., any of its instructors or volunteers, or the venue in which the event is held from all liability for loss or damage to personal property.

## Medical Attention

1. I agree to notify Windsor Dance eXperience Inc. of any and all medical conditions, including the medical condition, symptoms, medication, and possible side effects of medication. I understand that Windsor Dance eXperience Inc.’s policy is that medication will not be administered by Windsor Dance eXperience Inc. Any child under the age of 16 that requires medication must have a parent / guardian present to administer the medication.

2. In case of physical injury or medical emergency, I hereby authorize Windsor Dance eXperience Inc. to call emergency services and make necessary transportation arrangements 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 the participant is under 18 years of age, I understand that Windsor Dance eXperience Inc. will attempt to notify the person(s) named as emergency contact(s).

## Media Release

Windsor Dance eXperience Inc. reserves the right to use photographs and videos taken during rehearsals, workshops, performances, or other affiliated events for the purposes of instruction, advertising, and promoting Windsor Dance eXperience Inc. and its programs. Participants, or parents of participants who are minors, who do not wish to comply with this policy must notify Windsor Dance eXperience Inc. in writing prior to participation in any rehearsal or event.

## Acknowledgement of Waiver

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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| Signature of Participant |  | Date |

*\*If the participant is under 18 years of age:*

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| As legal guardian of this participant, I,  |  | consent to the above. |
|  |  |  |
|  |  |  |
| Signature of Guardian |  | Date |