

DANCE CLASS REGISTRATION FORM

WWW.SHUSWAPDANCE.COM • 250.515.0131 • 590 OKANAGAN AVE., S.E.



Student Name: _____ Age: _____ Birth Date: _____

Student Name: _____ Age: _____ Birth Date: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Additional Classes: _____ = **total hours:** _____

Parent(s)/Guardian(s) Names: _____

Main Phone: _____ Cell Phone: _____ Work Phone: _____

Full Address: _____ Postal Code: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Does your child(ren) have any medical conditions or allergies? Yes _____ No _____

If "Yes", please explain _____

Do you authorize Shuswap Dance Center to publish dancer's name & picture (newspaper/internet, etc.)? Yes _____ No _____

EXPRESS ASSUMPTION OF RISK AND RELEASE OF LIABILITY

To: Shuswap Dance Center ("the Company") and its directors, officers, employees, representatives and agents (collectively called "the Agents").

1. I agree as a precondition to my participation in all events organized by "the company" and/or "the Agents" including, but not limited to: Dance classes, events & shows (Collectively referred to as "the Activities") and in further consideration of "the Company" allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement.
2. I acknowledge that "the Activities" involve inherent risks and dangers that may cause serious injury and possible death to participants.
3. I fully understand the risk and dangers associated with my participation in "the Activities" and accept same entirely at my own risk.
4. I hereby waive any and all claims which I may have against "the company" and "the Agents" and release "the Company" and "the Agents" from all liability for injury, death, property damage of any other loss sustained by me as a result of my participation in "the Activities", due to any cause whatsoever: including negligence, breach of contract, or breach of any statutory or other duty of care by "the Company" and/or the Agents".
5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "the Company", even though "the Agents" are not formal parties to "the Agreement".
6. I will not hold the studio, faculty, staff, students or their families responsible for any sickness or viruses contracted while participating in classes or while visiting the studio.
7. I agree that while participating in virtual classes at home, the Studio Directors, faculty and staff will not be held responsible for any property damage or injury incurred while taking these said lessons.

I AM 16 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND "THE AGREEMENT". I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY" AND/OR "THE AGENTS" AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND/OR GUARDIAN OF THE PARTICIPANT I HAVE READ AND UNDERSTAND AND EXECUTE "THE AGREEMENT" ON BEHALF OF THE CHILD/WARD.

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

I hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns:

SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME OF CHILD(REN)

PRINTED NAME OF PARENT/GUARDIAN

DATE