



Choreography · Consulting · Dance · Images

– DANCEPG –

WLS-CDI DANCEPG (WEDDING CHOREOGRAPHY, CONSULTING, DANCE, IMAGES)

DancePG.ca



UNDER LEGAL AGE ATTENDEE REGISTRATION RELEASE AND WAIVER FORM

PRINT

NAME OF ATTENDEE: _____
First Name Last Name

PRINT

Name of Legal Guardian: _____

This document will be held in confidence for the duration of the dance year and/or duration for dance lessons/choreography. A new document will be required at the beginning of the new dance season if an attendee changes status from active to inactive during the dance year.

I understand and agree with the following conditions concerning my attendance at the WLS-CDI (Choreography, Consulting, Dance and Images) (WLS-CDI), DANCEPG, DancePG.ca, DRT Dance/DRTDance.com (DRTD), or Dance PG/DancePG.ca (DPG) held at 8391 Bunce Road, Prince George, BC V2N 6J2, dance classes held at the PG and District Seniors Activity Center at 425 Brunswick Street, Prince George, BC, or other venue if required.

This release is intended to discharge WLS-CDI, DANCEPG, DancePG.ca, DRTD and DPG, its members, clients, employees, family members, heirs, assigns, and volunteers from and against any liability arising out of or connected with my participation in the activity and accept that liability which may arise out of the negligence, or carelessness on the part of the persons mentioned above.

I further understand that injuries and accidents can arise out of the activity or attending such activity. Knowing the risks, I hereby agree to assume those risks in full, and to release and to hold harmless the persons mentioned above who, through negligence or carelessness, might otherwise be liable to me, my heirs or assigns for damages.

It is further understood and agreed that this waiver, release, and assumption of risks, is to be binding on my heirs and assigns.

Release and Waiver: Attendee does hereby release and forever discharge and hold harmless, WLS-CDI, DANCEPG, DancePG.ca, DRTD and DPG, and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any liability or claim that the Attendee may have against WLS-CDI, DANCEPG, DancePG.ca, DRTD, and DPG with respect to any bodily injury, personal injury, illness, whether caused by the negligence of WLS-CDI, DRTD, DPG, or its members, employees, family, agents or otherwise. Attendee also understands that WLS-CDI, DRTD, and DPG does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Read and completed on: (day/month/year): _____
In the City of Prince George BC. Day Month Year

Signature of Attendee Witness (Print name) Witness Signature

Being the Legal Guardian, I give consent and take full responsibility as indicated above in this waiver for the above Attendee. I understand I must attend all classes for the full duration of the Attendee's Participation.