

DC Dance Club Health and Fitness, Liability Waiver, Informed Consent Form

I, (print name) _____ am
participating in the programs* and activities offered through DC Dance Club Inc.**.

My Minor Child (print name) _____
is participating in the programs* and activities offered through DC Dance Club Inc. **.

* Programs may include, but are not be limited to, private or group classes, workshops, social functions, fundraisers, showcases, competitions.

** Further, such programs may be offered directly through DC Dance Club or through a third party individual or group using the DC Dance Club venue.

I acknowledge that the services provided may involve strenuous physical activity including, but not limited to, muscle strength and endurance, cardiovascular exertion, and other various fitness activities. I acknowledge that by its very nature dancing involves close physical connection including direct body to body contact. I hereby affirm that I and/or my child/children am in good physical condition and do not suffer from any known disability or condition of a physical or mental nature which would prevent or limit my or their participation in this program. I acknowledge that it is my responsibility to obtain a medical examination and clearance for myself and/or my child/children prior to engaging in any sport or fitness activity. I hereby assume full and sole responsibility for my own health, COVID-19 pandemic & safety and well-being and that of my legal dependents. I acknowledge there is no way to completely protect ourselves from this virus.

I acknowledge that my enrolment and subsequent participation is purely voluntary and is in no way mandated by DC Dance Club Inc. In consideration of my participation in this program, I hereby release DC Dance Club Inc. and The Crossroads Market Ltd., their owners, directors, officers, agents, activity providers, employees and successors from any and all action, debts, accounts, claims and demands whatsoever by myself, my heirs, executors, or assigns for any injury of person, including death, or for any damage or loss of property which may be sustained as a consequence of participation in activities or presence on the property of DC Dance Club Inc. of me or my child/children. Injuries may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or shoulders or any other joints of the body, injuries to back, injuries to a foot, or any other illness or soreness, physical or mental/emotional discomfort that may be incurred.

This Agreement and the CDF waiver constitute the entire agreement between the parties and there are no further provisions, either oral or written. This Agreement is governed by the laws of the Province of Alberta. Any notices, requests, demands or other communications will be deemed to be completed when emailed to DC Dance Club Inc. at dance@dcdanceclub.com Email signatures are binding and considered to be original signatures.

I HEREBY AFFIRM THAT I HAVE CAREFULLY READ THE ABOVE STATEMENTS BEFORE SIGNING AND I AGREE FREELY TO COMPLY WITH THE TERMS OF THIS AGREEMENT.

Signature of Adult Participant or Legal Guardian

Date Signed

Phone _____

Email _____

Please initial:

I have read the DC Dance Club Inc. Policies and I understand that:

_____ all services must be pre-paid and are nontransferable between classes and/or between students and are non-refundable.

_____ missed or cancelled private classes require 24 hours notice to avoid being charged.

_____ I give media use rights permission i.e. social media postings, advertising, etc. DC Dance Club Inc. has no control over attendees taking photos and subsequently posting same. Special events may at times include media presence. DC Dance Club Inc. advertising may include photos, videos etc. of various activities and events.