Fun 'n' Dance Ltd. Waiver Form

Emergency Medical Treatment

As the parent or legal guardian of _____, I authorize Fun 'n' Dance Ltd. to seek medical services for my child in the case of serious illness or injury if I am unable to be contacted. Such medical services may include but are not limited to the use of an ambulance and emergency medical treatment as deemed necessary by medical professionals. I further agree and accept financial responsibility or any charges in excess of benefits allowed by my health plan.

Student Health Care #_____
*Please list your child's medical concerns/medications

Waiver of Liability

I give my consent for my child to participate in all dance programs and activities provided by Fun 'n' Dance Ltd., or its principals, contractors, and agents. I hereby release Fun 'n' Dance Ltd. from any and all liability resulting from negligence or otherwise, in relation to the dancing programs and activities aforementioned. I further release Fun 'n' Dance Ltd. from all recourse, included any consequential claim or cause of action for damage or loss of any kind arising from my child's participation in the dance programs and activities. I acknowledge that by their very nature, dance activities can be dangerous and can expose participants to physical risks and hazards. I voluntarily assume all of the aforesaid risks and hazards. In addition, I voluntarily accept the legal risk related to physical activities such as dance, and expressly give up any right of action whether that action arises by contract, statute, negligence, or the Occupiers' Liability Act, R.S.A 2000 0-4.

I understand my child may be videotaped or photographed during Regular Classes, recital rehearsal week, Dress Rehearsal, Picture Day and the recital performance. I grant permission to Fun 'n' Dance Ltd. to use my child's photos and videos for advertising and publicity purposes inclusive of television, videos, publicly displayed photos, and website advertising.

Signature of Parent/Guardian_____

Print Name _____

Date _____

Signature of Witness_____

Print Name _____

Date _____