



Agreement of Release & Waiver of Liability

Name: _____ Today's date: _____

Mailing Address: _____

City: _____ Telephone # _____

Email: _____ Newsletter YES/NO? _____

Emergency contact/relationship: _____ phone # _____

Birthday: _____ (you get a *FREE* class on your birthday!)

I, hereby agree to the following:

1. That I am participating in a dance/fitness class at *Harbour Dance Centre*. I understand that dance and fitness type classes require physical exertion, which may be strenuous, and may cause physical injury. I am also fully aware of the risk and hazard involved.

2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the class. I represent that I am physically fit and have no psychological, medical or emotional condition which would prevent my full participation.

3. I agree to take full responsibility for any risks, injuries or damages known or unknown which might incur as a result of participating in the class(es).

4. I knowingly and voluntarily waive any claim I may have against *Harbour Dance Centre*, or any faculty members for injury, loss and/or damage that I may sustain as a result of participating in class(es).

5. I release to *Harbour Dance Centre* the rights to all photography and video recordings that may be taken during classes and workshops for promotional use.

6. ***CLASS CARDS** are **non-refundable, non-transferrable**, and **valid for 1 year** from date of purchase.

***The 3 CLASS INTRO OFFERS are good for 1 month after of date of purchase.**

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.

Date

Signature of Participant

HDC Witness

***If the participant is under 18 years of age please have a guardian sign below:**

As legal guardian of this participant, I consent to the above.

Name

Guardian Signature

How did you hear about us? _____