

Polonez Polish Canadian Dance Society

Dear Dancer or Parent/Guardian,

Safety is one of our top priorities, and we will strive to ensure the safety of each dancer. However, we realize that participation in "Polonez" dance instructions and associated activities could involve some possible injury which is sometimes beyond our control. We are asking each dancer (or parent/guardian) to read and sign the following Liability Waiver Form.

Thank you in advance for your cooperation,
Polonez Board of Directors

"POLONEZ" LIABILITY WAIVER FORM

By signing this Liability Waiver, I (meaning the dancer or parent/guardian signing on behalf of a dancer) freely assume any and all risks and take full responsibility for participation. I acknowledge that a medical doctor has advised that I am capable of such physical exercises or that I assume the risk of proceeding without such advice. In the event of an emergency, I give permission to agents of Polonez Dance Society to administer first aid/or contact an ambulance.

Furthermore, I agree to take full responsibility for any damage I may cause to the facilities in use by "Polonez". As well, by virtue of enrolling at Polonez Dance Society, I give permission and consent to the directors of "Polonez" to use my images or photographs or appear on videos, television or any other form of media for advertising, news coverage or any other commercial use of "Polonez".

I hereby release and hold harmless "Polonez", including its instructors/choreographers, Board of Directors, dance members, involved families and volunteers as well as the facilities used by "Polonez" from any injury, disability or property damage which may occur during the classes or associated activities (such as performances and fundraisers), whether caused by my negligence or otherwise.

I agree to comply with the above stated terms and conditions for participation and abide by all the rules and regulations of Polonez Polish Canadian Dance Society.

Dance Member Name (print): _____

Adult Dancer Signature: _____

B.C Medical Care Card Number _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

(Parent's signature if student is under 18)

Date: _____