



RELEASE and INDEMNITY BY PARENT OR GUARDIAN

(must be signed if above participant is under the age of 19 years)

I am a parent or legal guardian of participant and as such I hereby acknowledge and agree that :

In consideration of participating in any “Broken Rhythms Victoria Society” (the OFFER) and any and all related events and activities, the undersigned hereby acknowledges and agrees that:

1. I am aware, and acknowledge and fully understand that participation in the OFFER may involve the risk of personal injury, including the possibility of serious injury or death, and loss of or damage to personal property, not only from my own actions, but also from the action or inaction of others, the condition of the premises, or the failure of the equipment used. I fully and knowingly agree to fully assume and accept all such risk, known and unknown, dangers and hazards, and assume full responsibility for my participation.
2. I agree to conduct myself during the OFFER with all due regard for my own safety and the safety of all participants, observers and bystanders. I agree to comply with the directions of all OFFER organizers, and I agree to immediately notify OFFER organizers if I observe any unsafe condition or behaviour during the OFFER.
3. For myself, and on behalf of all of my heirs, assigns, executors, administrators, personal representatives and next of kin, I hereby waive, hold harmless, and forever release the teachers, volunteers, board members, organizers, partners and Broken Rhythms Victoria Society including from and against any and all liabilities, claims, expenses or causes of action of any kind or nature (including injuries, losses, damages) whatsoever, arising out of or relating to my participation in the OFFER. I agree not to file any suit or initiate any claim procedure against Broken Rhythms Victoria Society, their partners, board members, organizers or teachers in connection with any injuries, damages, or losses arising out of the participation in the OFFER or any and all programs.
4. I accept the financial responsibility for treatment of the student (myself) should the need arise during the OFFER and any and all related dance programs and agree that I may not hold Broken Rhythms Victoria Society financially responsible for the care or treatment that may be deemed required and administered.

5. The parents and legal guardians of the participant shall be bound by the terms set out in paragraphs 1 to 4 of this Release and Indemnity.

6. I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Broken Rhythms Victoria Society has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Broken Rhythms Victoria Society can not guarantee that the person I am signing on behalf will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, and other clients and their families. I voluntarily seek services provided by Broken Rhythms Victoria Society and acknowledge that the person I am signing on behalf is increasing their risk to exposure to the Coronavirus/COVID-19. I acknowledge that the person I am signing on behalf must comply with all set procedures to reduce the spread while attending the services of Broken Rhythms Dance. The person I am signing on behalf is following all recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I have read this waiver and release agreement, fully understand its terms, and understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily without any inducements.

Participant Name (printed): _____

Parent or Guardian Name (printed): _____

Date: _____

Parent or Guardian Signature: _____