WAIVER, RELEASE OF LIABILITY & MEDICAL AUTHORIZATION

Welcome to Ariel's Dance Academy! We are committed to providing a safe, positive, and encouraging environment where dancers can grow in confidence, creativity, and technique. While every reasonable precaution is taken to ensure the safety of all participants, dance is a physical activity and carries an inherent risk of injury.

Please read this document carefully before signing. By signing below, you acknowledge that you understand and agree to the following terms.

1. PARTICIPATION & ASSUMPTION OF RISK

Participation in dance classes, rehearsals, performances, workshops, special events, and related activities involves inherent risks, including but not limited to slips, falls, muscle strains, sprains, fractures, and other injuries.

I understand that these risks cannot be completely eliminated, even when reasonable care is taken by Ariel's Dance Academy and its instructors.

I voluntarily allow my child (or myself, if registering as an adult student) to participate in all studio activities while accepting these inherent risks.

2. MEDICAL INFORMATION

I confirm that I have disclosed any medical conditions, allergies, injuries, medications, or physical limitations that may affect participation.

I understand that it is my responsibility to notify Ariel's Dance Academy of any changes to this information throughout the dance season.

3. MEDICAL AUTHORIZATION

In the event of an accident or medical emergency, and if a parent or emergency contact cannot be reached immediately, I authorize Ariel's Dance Academy to obtain emergency medical treatment for my child if deemed necessary.

I understand that every reasonable effort will be made to contact me before treatment is authorized whenever possible.

I accept responsibility for any medical expenses that may arise.

4. RELEASE OF LIABILITY

To the fullest extent permitted by the laws of the Province of Ontario, I release and hold harmless Ariel's Dance Academy, its owner, instructors, assistants, volunteers, facility partners, and affiliated organizations from any claims, demands, actions, damages, losses, or liabilities arising from participation in studio activities, except where caused by gross negligence or willful misconduct.

This release applies to all classes, rehearsals, performances, workshops, demonstrations, community events, and any activities organized by Ariel's Dance Academy.

5. PARENT/GUARDIAN ACKNOWLEDGEMENT

By signing below, I acknowledge that:

- ☐ I have read and understand this Waiver, Release of Liability & Medical Authorization.
- ☐ I understand the risks associated with participation in dance activities.
- ☐ I authorize emergency medical treatment if necessary.
- ☐ I understand that I am responsible for informing the studio of any changes to my child's medical information.
- ☐ I understand that this waiver remains in effect for the duration of my child's registration unless replaced by a new signed waiver.

6. SIGNATURE

Student Name _____ Date _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____