



SUMMER INTENSIVES 2021

STUDENTS' NAME: _____
(First) (Last)

DATE OF BIRTH: ____/____/____ Female / Male
MM DD YYYY

EMAIL ADDRESS: _____

HOME PHONE NUMBER: (____) _____

EMERGENCY CONTACT: _____

CONTACT #: _____ RELATIONSHIP: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS OR OTHER SPECIAL NEEDS?

PREVIOUS STUDIO(S): _____ NUMBER OF YEARS OF DANCE: _____

RELEASES:

I, THE UNDERSIGNED, HAVE RECEIVED, READ AND AGREE TO EMOTION DANCE COMPANY'S 'CLASS GUIDELINES: COVID-19' AND 'STUDIO POLICIES' FOR 2020-2021.

I, THE UNDERSIGNED, UNDERSTAND THAT PARTICIPATION IN DANCING AND DANCE CLASSES IS VOLUNTARY, AND INVOLVES INHERENT RISK DURING PARTICIPATION, INCLUDING THE RISK OF POSSIBLE ACCIDENTS, PHYSICAL INJURY, OR EXPOSURE TO THE COVID-19 VIRUS OR OTHER INFECTIONS OR INFECTIOUS DISEASES AS A RESULT OF ATTENDING TRAINING, STUDIO EVENTS OR COMPETITIVE EVENTS. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, DISEASE TRANSMISSION, DEATH, PROPERTY DAMAGE OR LOSS, RESULTING FROM MY PARTICIPATION. I HAVE CAREFULLY CONSIDERED THE RISKS INVOLVED, AND I HAVE FULL CONFIDENCE THAT REASONABLE PRECAUTIONS WILL BE TAKEN TO ENSURE THE SAFETY AND WELL-BEING OF MYSELF/ CHILD.

I, THE UNDERSIGNED, DO HEREBY RELEASE EMOTION DANCE COMPANY, 6900062 CANADA INC., ALL PROGRAM STAFF, TEACHERS AND/OR ANY PERSONS INVOLVED WITH THE DIRECTION AND ORGANIZATION OF EMOTION DANCE COMPANY FROM ALL CLAIMS FOR DAMAGES ARISING FROM ACCIDENTS, INJURIES, ILLNESS OR DISEASE TRANSMISSION INCLUDING THE COVID-19 VIRUS WHICH ARE CAUSED BY OR ARISE FROM PARTICIPATION BY MYSELF/CHILD, NAMED ON THIS FORM, IN ANY FACILITY OR AT ANY LOCATION WHERE EMOTION DANCE COMPANY IS BEING HELD. IN THE EVENT OF AN ACCIDENT, INJURY OR ILLNESS INVOLVING MYSELF/CHILD WHILE ATTENDING EMOTION DANCE COMPANY, I HEREBY AUTHORIZE THE ADMINISTRATION OF ANY MEDICAL PROCEDURE DEEMED NECESSARY BY A PHYSICIAN SELECTED BY THE PROGRAM STAFF. I GIVE PERMISSION FOR MYSELF/CHILD TO BE TRANSPORTED TO THE HOSPITAL, WITH NO LIABILITY ON THE DRIVER'S PART. AN AMBULANCE MAY BE CALLED TO TRANSPORT MYSELF/CHILD TO THE HOSPITAL IF REQUIRED.

I, THE UNDERSIGNED, DO HEREBY CONSENT AND AGREE THAT EMOTION DANCE COMPANY, 6900062 CANADA INC., ITS EMPLOYEES, OR AGENTS HAVE THE RIGHT TO TAKE PHOTOGRAPHS, VIDEOTAPE OR DIGITAL RECORDINGS OF MYSELF/CHILD IN HIS OR HER DANCE CLASS AND ALL DANCE PRODUCTIONS AND TO USE THESE IN ANY AND ALL MEDIA, NOW OR HEREAFTER KNOWN, AND EXCLUSIVELY FOR THE PURPOSE OF ADVERTISING AND PROMOTION. I UNDERSTAND THAT MY/CHILD'S NAME AND IDENTITY WILL NOT BE REVEALED THEREIN OR BY DESCRIPTIVE TEXT OR COMMENTARY. I DO HEREBY RELEASE TO EMOTION DANCE COMPANY ITS AGENTS AND EMPLOYEES ALL RIGHTS TO EXHIBIT THIS WORK IN PRINT AND ELECTRONIC FORM PUBLICLY OR PRIVATELY AND TO PRODUCE COPIES. I WAIVE ANY RIGHTS, CLAIMS OR INTEREST I MAY HAVE TO CONTROL THE USE OF THEIR LIKENESS IN WHATEVER MEDIA USED. I UNDERSTAND THAT THERE WILL BE NO FINANCIAL OR OTHER REMUNERATION FOR RECORDING THEM, EITHER FOR INITIAL OR SUBSEQUENT TRANSMISSION OR PLAYBACK. I ALSO UNDERSTAND THAT EMOTION DANCE COMPANY IS NOT RESPONSIBLE FOR ANY EXPENSE OR LIABILITY INCURRED AS A RESULT OF THEIR PARTICIPATION IN THIS RECORDING, INCLUDING MEDICAL EXPENSES DUE TO ANY SICKNESS OR INJURY INCURRED AS A RESULT.

PARENT/GUARDIAN: I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT NAMED ABOVE AND THAT I AM ENTITLED TO HIS OR HER CUSTODY AND CONTROL. I UNDERSTAND THE INHERENT RISKS THAT COULD ARISE FROM THESE ACTIVITIES, I GRANT PERMISSION FOR MY SON/DAUGHTER/CHILD TO PARTICIPATE IN THE DANCE ACTIVITY AND OTHER ACTIVITIES INCIDENTAL THERETO AND I EXECUTE THIS ASSUMPTION OF RISK AND WAIVER ON BEHALF OF MYSELF AND MY SON/DAUGHTER/CHILD.

PARENT / GUARDIAN: _____ DATE: _____

OFFICE USE ONLY:

INTENSIVE DATES:

AUGUST 9-13	BEAT THE HEAT	\$400
AUGUST 17-19	ACRO BOOT CAMP	\$275
AUGUST 23-27	BEAT THE HEAT JR	\$250/\$300

FEE: _____ +HST _____ = _____

PAYMENT TYPE: Credit card Debit Cash Cheque