OPANAK SERBIAN DANCERS ASSOCIATION

WAIVER AND RELEASE OF LIABILITY FORM

12904 112 Street NW, Edmonton, AB T5E 6J1, serbian_opanak@hotmail.com

This is an Acknowledgement of Risk and Waiver of Liability form that our dance students and parents/ guardians must sign.

BY SIGNING THIS AGREEMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE

Name of Dancer: _____

____ I/we realize that participation in dance classes could involve some possible personal injury, and/or illness to the participant named above. Despite precautions, accidents, injuries, and/or illnesses may occur. By signing this release form. I/we (the dancer and parent/guardian) assume all risks related to the use of any and all facilities used by Opanak Serbian Dancers Association, Edmonton AB, Canada.

____ I/we agree to release Opanak Serbian Dancers Association including its choreographers, dancers, board of volunteers, and facilities used by the association from any cause of action, claims or demands now and in the future. I/we will not hold Opanak Serbian Dancers Association liable for any personal injury, illness, and/ personal property damage, which may occur on the premise before, during or after classes. Furthermore I/we agree to obey the class and facility rules and take full responsibility for my/our behaviour in addition to any damage I/we may cause to the facilities utilized by Opanak Serbian Dancers Association

____ If the participant is a minor, I agree that the minor has my consent to participate. I further provide my consent for the organization or business named above to seek emergency treatment for the dancer if necessary. I agree to accept financial responsibility for the costs related to the emergency treatment.

_____ I understand that Opanak Serbian Dancers Association is an accredited organization. In the event that I/we observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the board of volunteers or choreographers.

_____ I release all the photos and videos to Opanak Serbian Dancers Association regarding my/ my child's dance participation

ALBERTA Freedom of Information and Protection of Privacy Act (FOIPP): by signing below, I consent to having the information in this document collected by the "OPANAK". Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the FOIPP Act

_____	_____
Print Participant's Name (if under 18)	**Phone Number**
_____	_____
Print Members/ Parent's Name	**Members/ Parent's Signature**