## **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 "RNS DANCE INC offering" (the OFFER) with RNS Dance Inc (Caleigh Hunter and/or Desiree Webb), 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 my 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, and local organizers including Caleigh Hunter and/or Desiree Webb 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 Desiree Webb and/or Caleigh Hunter 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 Desiree Webb and/or Caleigh Hunter financially responsible for the care or treatment that may be deemed required and administereD.
- 5. I hereby authorize and give my permission for video or still photography during OFFER, rehearsal, or performance, and grant permission that such photography may be used for event publicity, public information or any other promotional use, (print, internet, or broadcast media) that the organizers deem necessary.
- 6. I am aware of and authorize the use of a surveillance camera in the space occupied by RNS Dance Inc and clients and such camera footage is to be used exclusively for safety and security of the building and its contents.
- 7. The parents and legal guardians of the participant shall be bound by the terms set out in paragraphs 1 to 6 of this Release and Indemnity.
- 8. Notwithstanding paragraph 7, I further agree to hold and forever release the teachers, volunteers, and local organizers including Caleigh Hunter and/or Desiree Webb 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 Desiree Webb and/or Caleigh Hunter in connection with any injuries, damages, or losses arising out of the participation in the OFFER or any and all programs.
- 9. 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 RNS Dance Inc has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that RNS

Dance Inc. 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 RNS Dance Inc. 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 RNS Dance Inc.

The person I am signing on behalf attest that:

Participant Name (printed):

- \* the person I am signing on behalf has not been experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- \* The person I am signing on behalf has not traveled internationally within the last 14 days.
- \* The person I am signing on behalf does not believe they have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- \* The person I am signing on behalf has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by province or local public health authorities.
- \* 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 hereby release and agree to hold RNS Dance Inc. harmless from, and waive on behalf of myself, the person I am signing on behalf, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of RNS Dance Inc., or that may otherwise arise in any way in connection with any services received from RNS Dance Inc. I understand that this release discharges RNS Dance Inc. from any liability or claim that I, my heirs, or any personal representatives may have against RNS Dance Inc. with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from RNS Dance Inc.

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.

Parent or Guardian Name (printed)
Date:
Parent or Guardian Signature:
Desiree Webb Signature:
Caleigh Hunter Signature: