



## **Cardio Dance Fitness at Errington Hall**

**Participant's Name:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name / Phone:** \_\_\_\_\_

**Community You Live In:** \_\_\_\_\_

**How did you hear about the program?** \_\_\_\_\_

*The instructor encourages you to modify any of the dance movements for specific limitations you may have, and review the posted Par-Q & You document prior to starting this class.*

### **Release of Liability, Waiver of Claims and Assumption of Risks**

**By signing this document, you waive certain legal rights, including the right to sue.**

I understand that there could be risks involved with my participation in the Cardio Dance Fitness program. I assume these risks. I also assume any and all other risks associated with my participating in the Cardio Dance Fitness program, including but not limited to falls, injury, contact with other participants, all such risks being appreciated by me. I hereby for myself, my heirs, executors, administrators and assigns release, save harmless and indemnify all persons comprising the group commonly referred to as ACRA, their respective agents, instructors, volunteers, or anyone else on their behalf, (the Releasees) from and against any and all existing and future claims, actions, costs, expenses and demands in respect to death, injury, damage, loss or expenses to my person or property, whether foreseen or unforeseen and wheresoever and howsoever caused, arising out of or in the course of my participation in the Cardio Dance Fitness program and related events and notwithstanding that the same may have contributed to or occasioned by any act or failure to act, including without limitation, negligence of the Releasees or any of them. I hereby acknowledge having read this release and waiver and by accepting I understand and accept its terms.

**Please consult your physician prior to starting an exercise or fitness program, and prior to using the Facility.**

**I have read and understood the above and accept its terms and certify I'm over age 13.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



I give permission to allow my name and photo to appear in the local newspaper, Arrowsmith Community Calendar and other promotional websites and publications. Yes \_\_\_\_\_ No \_\_\_\_\_

**Admin use:**

**Date:**

**Registered for / Payment**