



# Dance North Ballroom & Social Dance Drop-in

## Attendee Registration & Waiver

**Name of Attendee:**

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(Please Print)

This document will be held in confidence for the duration of the dance season. A new document will be required at the beginning of the new dance season or if member status changes.

I understand and agree with the following conditions concerning my attendance at the Dance North drop-in sessions (DN), held at Judy Russell's Enchainement Dance Centre (EDC) and Enchainement Productions, Inc. (EPI).

This release is intended to discharge DN, EDC and EPI, its members, employees and volunteers from and against any liability arising out of or connected with my participation in the activity, and accept that liability which may arise out of the negligence, or carelessness on the part of the persons mentioned above.

I further understand that injuries and accidents can arise out of the activity. Knowing the risk, I hereby agree to assume those risks and to release and to hold harmless the persons mentioned above who, through negligence or carelessness, might otherwise be liable to me, my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risks, is to be binding on my heirs and assigns.

**Release and Waiver.** Attendee does hereby release and forever discharge and hold harmless, DN, EDC, and EPI and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any liability or claim that the Attendee may have against DN, EDC, and EPI with respect to any bodily injury, personal injury, illness, death, property damage or property loss that may result from Attendee's activities with DN, EDC, and EPI, whether caused by the negligence of DN, EDC, EPI, or its members, employees, agents or otherwise. Attendee also understands that DN, EDC, and EPI does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Completed On:**

\_\_\_\_\_ (day)

\_\_\_\_\_ (month)

\_\_\_\_\_ (year)

\_\_\_\_\_  
**Signature of Attendee**

\_\_\_\_\_  
**Witness (Please Print)**

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