



Dance North

Ballroom & Social Dance Drop-in

Attendee Registration & Waiver

Name of Attendee:

(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 attendee's status changes.

I understand and agree with the following conditions concerning my attendance at the Dance North (DN) drop-in sessions, held at the YMCA Highland Centre, 155, McDermid Drive, Prince George BC.

This release is intended to discharge DN and the YMCA, its members, employees and volunteers from and against any liability arising out of, or connected with, my participation in the dance activity, and I 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 and the YMCA 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 and the YMCA with respect to any bodily injury, personal injury, illness, death, property damage or property loss that may result from Attendee's activities with DN and the YMCA, whether caused by the negligence of DN and the YMCA, or its members, employees, agents or otherwise. Attendee also understands that DN and the YMCA 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: