



PARTICIPANT'S FIRST AND LAST NAME:	
PARTICIPANT'S DATE of BIRTH:	
ADDRESS:	
TELEPHONE:	
EMERGENCY CONTACT:	
EMERGENCY CONTACT TELEPHONE:	

INFORMED CONSENT AND LIABILITY WAIVER RELEASE

1. I, the undersigned, give permission for the named child to participate in the DanceSTRONG Kids Fitness classes taught by Michelle Neufeldt and Pierie Danysk.
2. I recognize that the program requires physical exertions that may be strenuous at times and may cause physical injury and I am fully aware of these risks and hazards involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent participation in the program. I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the DanceSTRONG Kids Fitness Class.
4. I knowingly, voluntarily, and expressly waive any claim I may have against Michelle Neufeldt and Pierie Danysk or Fit for Change for injury or damages that I may sustain as a result of participating in the DanceSTRONG Kids Fitness Class.
5. I, my heirs, or representatives forever release, waive, discharge, and covenant not to sue Michelle Neufeldt or Pierie Danysk for any injuries or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signed this _____ day of _____, 20_____, at CALGARY, AB

I _____, as parent or legal guardian of the above participant, hereby understand, agree to, and assume responsibility for the above terms.

Signature of parent or legal guardian

Note: If the participant is not 18 years of age or older, he/she must have the consent of a parent or guardian who will also read, understand and agree to the above terms. The Parent or Guardian must then sign and assume responsibility for the above terms.



AUTHORIZATION OF FIRST AID IN CASE OF EMERGENCY AND INDEMNIFICATION OF COSTS:

I hereby authorize basic first aid to be delivered to my child by Michelle Neufeldt or other authorities. By administering first aid when required or requested, Fit for Change in no way warrants or assumes any liability in relation to the administration of such basic first aid.

I further understand and agree that, in the case of an emergency, Fit For Change assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse Fit For Change for any such costs or expenses that it incurs.

I confirm and agree that this Notification and Assumption of Risk, Consent to First Aid Treatment, and Release of Liability and Waiver of Claims shall be governed by the laws of the Province of Alberta. I confirm and agree that if any portion of this Notification and Assumption of Risk, Consent to First Aid Treatment, and Release of Liability and Waiver of Claims is found to be void and unenforceable, the balance, notwithstanding, shall continue in full force and effect.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST FIT FOR CHANGE INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

Signed this _____ day of _____, 20____ at CALGARY, AB

I _____, as parent or legal guardian of the above participant, hereby understand, agree to, and assume responsibility for the above terms.

Signature of parent or legal guardian

