

MEDICAL/WAIVER/RELEASE OF RESPONSIBILITY

I ACKNOWLEDGE, UNDERSTAND AND ASSUME ALL RISKS INVOLVED IN ANY ACTIVITIES ON THE PREMISES OF EMPOWERED DANCE CENTER, LLC. I FURTHER AGREE TO HOLD HARMLESS EMPOWERED DANCE CENTER, THE OWNER (EMILY NORRIS), STAFF TEACHERS, ADMINISTRATORS AND/OR SUNNYBROOK CENTER FROM ANY AND ALL CLAIMS, SUITS, LOSSES OR DAMAGES OF ANY NATURE, WHETHER IT BE ACCIDENTAL, AS A RESULT OF NEGLIGENCE OR OTHERWISE, DURING OR ARISING IN ANY WAY FROM THE PROGRAMS AT EMPOWERED DANCE CENTER. I HEREBY GRANT PERMISSION TO LICENSED HOSPITAL AND/OR STAFF MEMBERS TO ADMINISTER IMMEDIATE MEDICAL TREATMENT AS DEEMED NECESSARY TO MY CHILD/SELF SHOULD HE/SHE BE INJURED DURING ANY EVENT HE/SHE IS LEFT IN THE CARE OF EMPOWERED DANCE CENTER. FURTHER, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED RELATING TO MY CHILD'S/SELF MEDICAL TREATMENT.