AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the For the Love of It Performing Arts Centre Inc. dance and theatrical programs, Summer Camps, related events, performances and all other For the Love of It Performing Arts Centre Inc. activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is possible and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS For the Love of It Performing Arts Centre and the Beaches Presbyterian Church, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND I FULLY UNDERSTAND ITS TERMS.

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____
NAME OF PARTICIPANT

X _____ _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE NUMBER

X DATE SIGNED: _____

HEALTH CARD # _____

FOR PARTICIPANTS 18 and over
(AGE 18 and over AT TIME OF REGISTRATION)

X _____ X _____
NAME OF PARTICIPANT PARTICIPANT'S SIGNATURE

X DATE SIGNED: _____ X _____
EMERGENCY PHONE NUMBER

HEALTH CARD # _____