

Mambo Productions Dance School

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ How did you hear about us: _____

Email: _____

WAIVER OF RESPONSIBILITY

I hereby certify that I am physically capable and fit to participate in the Mambo productions dance classes and have no medical conditions which could jeopardize my health while participating in the program. I will abide by the rules and regulations imposed on the participants in the classes. There are risks and hazards inherent in the very nature of the dance program and that as a result of these risks and hazards, I/we as a participant(s) may suffer personal injury, or death, as well as property loss. I nevertheless freely and voluntarily assume the aforesaid risks and hazards and accordingly my participation in the dance classes shall be entirely at my own risk. I waive any claim that I may have against Mambo Productions arising from my participation in the dance classes and agree to indemnify and save harmless Mambo Productions for any claim, including any claim for medical services arising from my participation in the dance classes.

I have read the rules and waiver form in their entirety; I understand them and agree to comply with their contents. For those under 18, waiver must be signed by parent or guardian.

Signature: _____ Date: _____

Signature: _____ Date: _____

Guardian (if under 18): _____ Date: _____