

WAIVER, CONSENT AND RELEASE OF LIABILITY & IMAGE RIGHTS

In consideration of and through my voluntary involvement in the Vancouver Ballet Society's Spring Seminar 2018 and its associated activities, I acknowledge and agree that:

- 1). I risk bodily injury and property loss;
- 2). I knowingly and freely assume all risks;
- 3). I, for myself, and on behalf of my heirs, assigns and next of kin, hereby release and hold harmless, and waive all claims against the Vancouver Ballet Society, its instructors, the Scotiabank Dance Centre, The Dance Centre, The Dance Foundation and each of their directors, officers, officials, agents, operators, volunteers, and/or employees, individually of otherwise with respect to any and all such injury and/or loss;
- 4). I have not relied on any representations made by the Vancouver Ballet Society, its instructors, the Scotiabank Dance Centre, and any of their directors, officers, officials, agents, operators, volunteers, and/or employees in signing this waiver and release of liability;
- 5). I consent to the taking and use of photographs and videos of my child for use by the Vancouver Ballet Society for promoting itself, its programs, activities and events. I release the Vancouver Ballet Society from liability to any personal or proprietary right I may have in connection with such use.

I also give Susan Beechey, photographer, the right and permission to use my child's photograph(s) in artwork that will be exhibited or published. I understand that the photograph(s) may be used in a publication or other form of promotion. I release Susan Beechey, the photographer, from liability for any violation of any personal or proprietary right I may have in connection with such use.

Please check this box if you do not give permission for your child's name to be used in association with VBS artwork (in our newsletter announcing scholarships, etc).

I HAVE READ THE ABOVE WAIVER AND RELEASE OF IMAGE RIGHTS AND LIABILITY, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I AM SIGNING VOLUNTARILY.

PARTICIPANT'S NAME: _____
(please print)

PARTICIPANT'S SIGNATURE/PARENTAL SIGNATURE IF PARTICIPANT IS UNDER 18 YEARS OF AGE: _____

PARENT'S NAME: _____ **DATE:** _____
(please print)