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**Release of Liability & Waiver**

**Events & Parties**

For the purposes of this release of liability and waiver, “I/we” refers to the participant and parent/guardian of the participant, if the participant is less than 18 years of age at the time of participation.

I/we realize that participation in the activities taking place during the event/party could involve some possible personal injury. Despite precautions being taken by the studio, accidents and injuries may occur. By signing this release form, I/we assume all risks related to the use of any and all spaces used by Omnes Arts Circle.

I/we agree to release from responsibility Omnes Arts Circle, including all teachers, dancers, staff members, volunteers, and facilities used by all entities from any cause of action, claims, or demands now and in the future. I/we will not hold Omnes Arts Circle liable for any personal injury or any personal property damage/loss, which may occur on the premises before, during or after events/parties.

Furthermore, I/we agree to respect the facility and instructors, and take full responsibility for my/our behaviour in addition to any damage I/we may cause to the facilities utilized by Omnes Arts Circle.

I understand that Omnes Arts Circle is a licensed and insured organization. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our events/parties, I/we agree to report the unsafe conduct or conditions to Taisha Lesser (owner), the administrator, instructors or staff members as soon as possible.

By submitting this form, I/we indicate that I/we understand and agree to the above statements, assume all risks related to the use of any and all spaces used by Omnes Arts Circle, and release Omnes Arts Circle of any liability.

For participation in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_