



GRAFFITI WORKSHOP REGISTRATION/ WAIVER

IN CONSIDERATION of being given the opportunity to participate in Urban Art Workshop: Graffiti hosted by Global Expression Dance Studio, www.mygraffitihat.com and GX Canada being offered in Medicine Hat,

Alberta, I, for myself, my personal representatives, assigns, heirs, and next of kin:

ACKNOWLEDGE, agree and represent that I understand the nature of Graffiti involving spray paint, and that I am qualified, in good health, and in proper physical condition to participate in such Activity. FULLY UNDERSTAND that: (a); Graffiti Workshops MAY INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, respiratory illness, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasees named below; (c); there may be other risks and social and economic losses either not known to me not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the Activity.

AGREE AND WARRANT that I will examine and inspect each Activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction. I AGREE TO PAY ALL FEES FOR THIS WORKSHOP AND UNDERSTAND THERE ARE NO REFUNDS .

HEREBY RELEASE, discharge, and covenant not to sue Global Expression Dance Studio (GX Dance Studio) and/or AARON MELANSON and/or KENDRA MELANSON, WWW.MYGRAFFITIHAT.COM including JEFF GORING and their administrators, directors, agents, officers, volunteers and employees, other participating organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered on of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY SAVE AND HOLD HARMLESS each of the Releasees, from any litigation's expenses, legal fees, loss, liability, damage or cost which any may incur as a result of such claim.

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of breakdancing and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the operations, and further agree that if, despite this release, I , the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, legal fees, loss liability, damage, or cost any may incur as the result of any such claim.

I have read this agreement, fully understand it's terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____ **AGE:** _____

Printed Name of Parent/Guardian: _____

PHONE : (H) _____ **CELL** _____
EMERGENCY CONTACT: NAME: _____ **NUMBER:** _____

Date: _____ **Email:** _____

Signature: _____ **PAID? YES/NO (CIRCLE)**
(Parent/Guardian or student 18 years or older)