

# WAIVER

## NO LIMITS DANCE EXPERIENCE

November 8, 2026

Woodbine Banquet and Convention Centre 30 Vice Regent Blvd. Toronto, Ontario M9W 7A4

Dancer's Name/Name(s) \_\_\_\_\_

Parent(s)/Legal Guardian(s) \_\_\_\_\_

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

I ("I", "me", "Participant"), have elected, on a voluntary basis, and, if I am under the age of 18, with the acknowledgement and permission of my parents or legal guardians (individually and collectively referred to herein as "Guardian"), to participate in dance and other athletic performance-related activities (individually and collectively, "Activities") for which I am registered with No Limits Dance Experience. I and my Guardian warrant that: (i) I am aware that participation in the Activities presents certain risks, (including, without limitation, brain injury, severe bodily harm and/or death) and I am aware that equipment problems and human error can contribute to or cause such injuries; (ii) I am aware that my risk of injury may be increased if I suffer from conditions that may be affected by physical exertion, and I represent and warrant that I am in good health and do not suffer from any such condition(s) (including, but not limited to neck, back, heart problems and pregnancy); (iii) I knowingly and voluntarily assume all risks associated with the Activities, and I and my Guardian unequivocally agree to incur and assume such risks as a condition to my participation in the Activities.

I and my Guardian agree and acknowledge that I may only attend Events under the supervision of a chaperone who is at least 21 years of age ("Chaperone"), that such Chaperone is responsible for my supervision at all times, and that No Limits Dance Experience is not responsible in any way for supervision of me or for my welfare during my attendance at No Limits Dance Experience.

I, and my Guardian, give permission to No Limits Dance Experience to use any footage of the day in any promotional manner and for all purposes.

IN CASE OF EMERGENCY, I and my Guardian authorize No Limits Dance Experience employees, volunteers representatives, and contractors, to arrange for or provide such medical assistance to me as any of them deems necessary, and authorize any physician, other medical or paramedical provider, and any medical facility to provide medical or surgical care, including without limitation anesthetization and hospitalization, which any of them may determine to be necessary or advisable, pending receipt of a specific consent from me. If my condition renders me incapable (as determined by Company and/or medical provider) of providing a specific consent at the time that medical provider present determines any treatment to be necessary and/or advisable in such the medical provider's sole discretion, I and my Guardian authorize such provider to administer such treatment without the need for further consent. I and my Guardian acknowledge that I will be responsible for paying for any medical treatment that I may receive as a result of injuries or illness suffered during my attendance and/or participation in the Events and Activities.

I and my Guardian have read every paragraph of this Waiver and understand each paragraph completely. I and my Guardian freely and voluntarily agree to all of the terms contained herein and understand that I and my Guardian are giving up certain legal rights.

Date \_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_