



Accident Waiver and Release of Liability

This Accident Waiver and Release of Liability ("Waiver") is made and entered into as of December 1st, 2025 – June 4th, 2026 by and between The Ologist Factory Inc (T.O.F), held at 200 Barondale Dr, Mississauga, ON L4Z 3N7 at Barondale Public School, and you, for the undersigned participant ("Participant Name _____").

In consideration of being permitted to participate in all of the following activities offered by The Ologist Factory Inc. (collectively, "Activities"):

- Recreational Dance Classes
- Drop-In Programs

Participant agrees as follows:

1. Assumption of Risk: Participant acknowledges that participation in the Activities involves inherent risks, dangers, and hazards, including but not limited to:

- Risk of injury from falls, slips, trips, strains, sprains, or other physical exertion.
- Risk of injury from contact with other participants.

Participant assumes all risk of injury or illness arising from, or related to, Participant's participation in the Activities, whether caused by the negligence of the Company, its agents, employees, or representatives, or by any other cause.

2. Release and Hold Harmless: In consideration of being permitted to participate in the Activities, Participant hereby releases, waives, discharges and covenants not to sue The Ologist Factory, its directors, officers, employees, independent contractors, agents, representatives, successors, and assigns (collectively, "Releasees") from any and all liability, claims, demands, losses, or damages arising out of, or related to, Participant's participation in the Activities, including, but not limited to, those arising from the negligence of Releasees.

3. Medical Authorization: Participant represents and warrants that Participant is in good health and physical condition and is capable of participating in the Activities. Participant acknowledges that it is Participant's responsibility to consult with a physician before beginning any new exercise program. Participant further authorizes Company to contact emergency medical services in the event of an emergency.

4. Medical Release: Participant hereby releases and discharges Releasees from any and all claims arising out of any medical treatment or care provided to Participant as a result of Participant's participation in the Activities.



5. Binding Effect: This Waiver shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors, and assigns.

6. Governing Law: This Waiver shall be governed by and construed in accordance with the laws of the State/Province of Ontario.

7. Severability: If any provision of this Waiver is held to be invalid or unenforceable, such provision shall be struck and the remaining provisions shall remain in full force and effect.

8. Entire Agreement: This Waiver constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior or contemporaneous communications, representations, or agreements, whether oral or written.

Participant acknowledges that Participant has read this Waiver carefully, understands its contents, and agrees to be bound by its terms and conditions. Participant further acknowledges that Participant is giving up substantial rights by signing this Waiver.

Participant Signature:

Participant Name (Printed): _____

Parent Signature _____

Parent Name (Printed): _____

Parent Phone number: _____

Date: _____