

Studio267 Waiver of Liability,
Informed Consent & Agreement of Release Form.

Participant's Name: _____ Date: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone#: _____

Email: _____

Emergency Contact & Relationship: _____

Emergency Contact Phone #: _____

Studio267 Waiver of Liability,
Informed Consent & Agreement of Release Form
(Participant to read, agree with, initial and sign the following)

- 1) I agree that I am participating in a dance/fitness/yoga class at Studio267. I understand that dance/fitness/yoga type classes require physical exertion, which may be strenuous, and may cause physical injury. I am also fully aware of the risks and hazards involved in taking a dance/fitness/yoga class.

_____ (Initials)

- 2) I understand that it is my responsibility to consult a physician prior to and regarding my participation in the class. I represent that I am physically fit and have no physical, psychological, medical, or emotional conditions which would prevent my full participation.

_____ (Initials)

- 3) I agree to take full responsibility for any risks, injuries, damages, death and/or losses known or unknown, which I might incur as a result of participating in the class(es).

_____ (Initials)

- 4) I acknowledge that if any exercises in class prove too difficult for my current level of fitness, I am able to modify the exercise to suit my physical abilities and/or I do not have to participate in the exercise(s).

_____ (Initials)

5) I acknowledge that my enrolment and subsequent participation is purely voluntary and is in no way mandated by Studio267 and/or its owners.

_____ (Initials)

6) I acknowledge that I must and agree that I will, attend classes sober.

_____ (Initials)

7) I have read and will abide by the “Studio 267 Rules, Etiquette & Dress Code” requirements when attending a class/workshop/etc at Studio 267.

_____ (Initials)

8) I release to Studio267 the rights to all photography and video recordings that may be taken during classes and workshops for promotional use. I acknowledge that I will not receive any financial compensation or royalties for the use of any or all of my images.

_____ (Initials)

9) I acknowledge that Studio267 and its owners are NOT responsible for any lost, stolen, or damaged belongings and/or property while participating in classes at Studio267 or while visiting East Ridge Farms or the 11924 267th Street Maple Ridge property in its entirety.

_____ (Initials)

10) I acknowledge that by attending a class at Studio267, visiting East Ridge Farms or entering the 11924 267th Street Maple Ridge property in its entirety, I am assuming the risk of any and all micro-organism transmission and the resulting infection/illness/death and secondary transmission resulting from, but not limited to the exposure to: viruses (covid 19, influenza, etc), bacteria/bacterium, fungus/fungi and or other pathogens.

_____ (Initials)

11) I acknowledge that by attending a class at Studio267, visiting East Ridge Farms or entering the 11924 267th Street Maple Ridge property in its entirety, I will be exposed to other persons/individuals (attendees or owners/operators/employees/tenants) and those persons/individuals may discuss topics and have opinions that differ from my own and which I may find offensive and or mentally, emotionally or psychologically

harmful. In the event that I am offended and or feel mentally, emotionally or psychologically harmed, I agree that, I will NOT hold Studio267 or East Ridge Farms and its owners, employees, subcontracted employees, assistants, teachers, tenants, heirs and insurers, responsible NOR will I attack or slander Studio267 or East Ridge Farms and its owners, employees, subcontracted employees, assistants, teachers, tenants, heirs and insurers, either in class, online (via social media: Facebook, Twitter, Instagram, the internet and etc), through print (newspaper, fliers) or through or by, any and all other method(s). I acknowledge any person/individual's right to their own opinion.

_____ (Initials)

12) I acknowledge that Studio 267 and its owners/operators/teachers/tenants/employees, reserve the right to refuse service, without explanation, to any person/individual/ attendee at any time and for any reason, at their discretion. If asked to leave the premises/property, I must leave the property immediately.

_____ (Initials)

Acknowledging and understanding and agreeing with all of the above listed statements (1,2,3,4,5,6,7,8,9, 10, 11, 12),

I _____ (print name) knowingly and voluntarily waive any claim I, my family and/or heirs and my insurers may have, now or in the future, against Studio267 and its owners, employees, subcontracted employees, assistants, teachers, tenants, heirs and insurers; as well as East Ridge Farms and its owners, tenants, heirs and insurers; as well as the property at 11924 267th street Maple Ridge B.C. in its entirety and its owners, heirs, tenants and insurers, for any and all accidents, injury, conditions, loss and/or damage or death that I may sustain, however caused, including due to negligence, as a result of participating in class(es) or entering any part of the premises or property. Accidents, injury, conditions, loss and/or damage may include, but are not limited to: heart attacks and other cardiovascular injuries, strokes, aneurysms, muscle soreness, muscle strains, muscle pulls, muscle tears, broken bones, bruising, skin abrasions, skin infections, nail infections, blood infections, shin splints, injuries to the knees or other joints of my body, injuries to the back, injuries to a foot/feet, injuries to hands/arms, head injuries, concussions, heat stroke, over exertion, fainting, soreness, injuries to the head or neck, paralysis, any and all infection caused by any known or unknown pathogen, virus, bacteria/bacterium, fungus or any other illness or harm of any kind, (mental, psychological, emotional, or physical) and/or death.

I HEREBY AFFIRM THAT I HAVE READ THE ABOVE LIABILITY WAIVER, INFORMED CONSENT & AGREEMENT OF RELEASE AND I FULLY UNDERSTAND ITS CONTENTS. I

VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE. I ALSO AGREE THAT THIS IS CONSENT FOR MY OWN PARTICIPATION OR THE PARTICIPATION OF MY CHILD/PERSON OF WHOM I HAVE GUARDIANSHIP OVER. I ACKNOWLEDGE THAT IF I DO NOT FULLY AGREE TO ALL OF THE ABOVE, I SHOULD NOT ATTEND CLASS(ES) AT STUDIO267, VISIT EAST RIDGE FARMS, OR VISIT 11924 267TH ST MAPLE RIDGE PROPERTY.

BY PARTICIPATING IN CLASSES IN STUDIO267, VISITING EAST RIDGE FARMS AND/OR ENTERING THE PROPERTY LOCATED AT 11924 267TH ST MAPLE RIDGE B.C. IN ITS ENTIRETY, **YOU DO SO AT YOUR OWN RISK.**

_____ (Participant's signature)

_____ (Print name)

_____ (Date)

*If participant is under 19 years of age, please have a guardian sign below.

As legal guardian, I consent to the above.

_____ (Guardian Signature)

_____ (Print name)

_____ (Date)

Owner or Representative of Studio267 to witness above signature(s):

_____ (Witness signature)

_____ (Date)

_____ (Print name)