DEBBIE WILSON

Movement for Actors and Singers

Participant waiver & assumption of risk | Adults 18+

Mondays, January 11, 18 and 25, 2027 | 12:00-1:30 p.m. (Toronto time)
Joy of Dance Centre | 95 Danforth Avenue, Toronto, ON M4K 1N2
Venue: third and fourth floors. Ask for the workshop room on arrival.

PLEASE READ CAREFULLY. By signing, you give up certain legal rights, including the right to sue for negligence as described below.

1. Participation and risks. I choose to participate in Movement for Actors and Singers with Debbie Wilson on the dates above. Activities may include warm-ups, stretching, balance, movement exploration, floor work and exercises with others. Risks include muscle or joint strain, soreness, slips, trips, falls, collisions and aggravation of an existing condition. Injury may be serious, permanent or, in rare cases, fatal. I understand that reasonable precautions cannot eliminate all risks and voluntarily accept the risks of participation.

2. My responsibilities. I will work within my abilities, follow safety instructions, use appropriate clothing and footwear, and stop if I experience pain, dizziness or distress. I may decline or modify any exercise or physical contact. I will tell the instructor privately about relevant limitations or accommodations and seek advice from a qualified health professional if unsure about participating. This workshop is movement education, not medical diagnosis or treatment.

3. Release of liability, including negligence. In consideration of being allowed to participate, to the fullest extent permitted by law, I release Debbie Wilson, Joy of Dance Centre and their respective workshop instructors, employees and volunteers (the Released Parties) from claims I may have for injury, illness, death or property loss arising from my participation in this workshop or use of the venue for it, INCLUDING CLAIMS CAUSED BY THE NEGLIGENCE of a Released Party, including negligent instruction, supervision or maintenance of the premises. This release does not apply to intentional misconduct or to any liability that cannot lawfully be excluded.

4. Emergency assistance. If I am injured or become unwell, I authorize the instructor to contact my emergency contact and arrange emergency assistance when reasonably necessary. This does not authorize medical treatment contrary to applicable consent laws.

5. Personal information. My registration, contact and signed waiver information may be used to administer the workshop, respond to an emergency and keep participation records, and shared only as reasonably needed for those purposes or as required by law. I have permission to provide my emergency contact's details. This waiver does not give permission for promotional photographs, recordings or marketing messages. Questions: DebWPro@gmail.com.

6. Agreement. Ontario law and applicable Canadian law govern this agreement. If a provision is found unenforceable, the remaining provisions continue to apply to the extent permitted by law. This waiver applies only to the three workshop dates listed above.

I confirm that I am at least 18 years old, have read and understood this entire waiver, including the release of negligence claims, have had the opportunity to ask questions, and sign voluntarily.

Participant full legal name

Email

Phone

Emergency contact name / relationship

Emergency contact phone

Participant signature

Date (YYYY-MM-DD)