



STUDENT NAME _____

WAIVER

The Woodbridge School of Dance (WSD) shall not be liable for any accident or injury of whatever nature or sort whether resulting directly or indirectly from any activities on our premises, online classes or otherwise regardless of cause or negligence on the part of WSD, and shall not be liable for any loss or damage whether by the or otherwise to any articles belonging to any person and brought on to our premises. The parent/guardian signing below acknowledges the risks inherent in the activities and programs conducted by WSD and assumes all risk of injury, damages or losses of any nature and kind. WSD is not responsible for students after the termination of their class.

All fees are non-refundable. Class schedules are subject to change. WSD reserves the right to combine or cancel classes in the event of low attendance.

COVID-19

I voluntarily seek services provided by The Woodbridge School of Dance (WSD) and I am aware that WSD and its faculty cannot guarantee that my child will not contract Covid-19 (or any other contagion) at WSD. I permit my child to attend classes at WSD at my own risk. In particular, I accept the risk of my child contracting Covid-19 (or any other contagion) should my child attend WSD and I agree to waive any and all claims against WSD and its shareholders, directors, faculty, independent contractors and to release those parties from any and all liability in connection with the risk of contracting Covid-19 (or any other contagion). I acknowledge that I have read and understand all set procedures WSD has in place (WSD Health Guidelines & Protocols for Covid-19) to reduce the spread and that these procedures must be adhered to while my child is attending WSD.

I confirm that each time my child enters WSD during the duration of the pandemic, they will have not travelled outside of Canada for the past 14 days and will have not been in contact with anyone who is suspected of having Covid-19.

I confirm that my child will not enter WSD if they are experiencing any symptoms of illness including cough, shortness of breath, difficulty breathing, fever, chills, muscle pain/aches, headache, nausea/vomiting, sore throat, difficulty swallowing, or new loss of taste or smell.

I acknowledge that failure to adhere to WSD's policies and procedures may result in my child's removal from WSD classes.

I confirm that I, along with my child, will follow all WSD policies and procedures to help reduce the risk for my child and other students.

I am aware that classes may be privately streamed from time to time for a student in quarantine and that my child may appear on the screen if close by to the teacher.

PAYMENT AUTHORIZATION

I authorize WSD to use my credit card information on file for payments throughout the dance school year. I acknowledge that this authorization will remain in effect until I notify the office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed with the payment information provided and my account balance remains overdue, I understand that my enrolment in classes will be cancelled.

PHOTO / VIDEO RELEASE

I acknowledge and consent to allow The Woodbridge School of Dance to use: Photos and/or videos of my child in publications (such as flyers/brochures), advertisements (such as newspapers or online ads), our school's website, or on social media sites (such as the school's facebook or instagram account). I understand there will be no financial compensation for the use of these photos/videos.

By signing below, I acknowledge that I have read and agree to the above.

PARENT SIGNATURE

DATE