WAIVER & INDEMNITY – ACRODANCE

I am aware and acknowledge that participating in AcroDance involves inherent risks and hazards, over and above a standard recreational dance class. I freely accept and fully assume all such risks, dangers, hazards and the possibility of injury, property damage or loss resulting from such risks/hazards. ***Examples of minor risks*** include but are not limited to nausea, dizziness, headaches, bruising from equipment use, trips & falls resulting from a loss of balance or control, slipping on equipment, landing skills incorrectly causing jarred or pulled muscles and soft tissue injuries etc. ***Examples of major risks*** include fainting, fractures, bone breaks and spinal cord injuries resulting from (but not limited to) falls during airborne skills and manoeuvres, negligence of other students, failure to act safely within one's own ability etc.
Further, I acknowledge that AcroDance involves the spotting of many skills and "hands on" teaching to ensure the safe execution of skills during the learning phase, which is carried out in a strictly professional manner.

I voluntarily agree to release the Ally Walker Dance Academy (hereinafter, "AWDA"), all AWDA employees/contractors and student assistants, together with Acrobatic Arts, from any and all liability for any loss, damage, injury or expense that I or my next of kin, successors or dependents may suffer or incur as a result of participation in acrobatic dance classes to any cause whatsoever.

If I cannot be contacted, I authorise and direct all AWDA employees/contractors to seek emergency medical services (ie. Ambulance) in case of any serious injury or illness. I further agree to accept all financial responsibility connected thereto.

I understand that the Ally Walker Dance Academy, all AWDA employees/contractors and student assistants and Acrobatic Arts will not assume responsibility for any lost or stolen property, or for any bodily or personal injury consisting of or arising out of any participation in any physical training or athletic activity connected to AcroDance classes.

Dated the …… day of ……. , 2025.

Signature of Parent / Guardian: ……

Emergency Contact Information:

Student Name: _____ D.O.B: _____

Primary Parent/Guardian Name: _____

Emergency Contact Name/s: _____

Emergency Contact Number/s: _____