

# Summer Arts

Creative Movement | Music Making | Visual Arts



509 Parliament Street, Toronto, Ontario, M4X 1P3 ♦ 416- 924-5657 ♦ [schoolofccdt@ccdt.org](mailto:schoolofccdt@ccdt.org) ♦ [theschoolofccdt.ca](http://theschoolofccdt.ca)

## Student Information

**First name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Birthdate:** (MM/DD/YYYY) \_\_\_\_\_ **Age as of July 24 2023:** \_\_\_\_\_

**Allergies/Medical Conditions/Medications:** \_\_\_\_\_

## Parent/Guardian Information

**Guardian 1's Name:** \_\_\_\_\_ **Guardian 2's Name:** \_\_\_\_\_

**Guardian 1's Email:** \_\_\_\_\_ **Guardian 2's Email:** \_\_\_\_\_

**Guardian 1's Cell:** \_\_\_\_\_ **Guardian 2's Cell:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Referred by / How did you hear about Summer Arts?** \_\_\_\_\_

## Photo & Video Release

Summer Arts/The School of CCDT may take photos and/or videos throughout Summer Arts. These may be used for promotional purposes for SummerArts/The School of CCDT. **I waive all rights** to any photos/videos and allow them to be used for their intended purposes. I understand that **no fee or reimbursement** will be offered.

**Parent/Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you do NOT wish for photos/videos of your child to be used, please check here.

## Health & Safety Agreement

- I understand that if my child is feeling ill they must remain home, and I will refer to current Public Health guidance in regards to COVID-19 testing and isolation and/or contact a physician for clearance to return to the studio.
- I understand that if my child becomes ill while attending SummerArts, I will be contacted to pick them up as soon as possible.
- I understand that if my child has tested positive for COVID-19, they will not be able to attend until cleared by applicable public health guidance.
- I understand that these Health & Safety policies are subject to change.

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Program Fee

Half-day Program (9:00am- 12:30pm) : \$275

Full-day Program\* (9:00am - 3:30pm) : \$375

Both programs run Monday July 24<sup>th</sup>-Friday July 28<sup>th</sup> 2023

\*Full-day program is available for ages 5-8 only

## Method of Payment (Please check one)

E-Transfer to [dlundmark@ccdt.org](mailto:dlundmark@ccdt.org) (please use password: Dance2023)

VISA/MC card number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ 3-Digit Code: \_\_\_\_\_  
(\$10.00 surcharge applies)

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payments are non-refundable, except in the event the program must be cancelled due to circumstances beyond the control of The School of CCDT (e.g. COVID-19 lockdown)**

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## OFFICE USE ONLY

Date Received: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Confirmation sent

Please continue to 3<sup>rd</sup> page

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

(hereinafter the "Release Agreement")

BY SIGNING THIS RELEASE AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO  
SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT - **PLEASE READ CAREFULLY!**

TO: Canadian Contemporary Dance Theatre and The School of Canadian Contemporary Dance Theatre and their affiliated companies, directors, employees, agents, independent contractors, representatives, and all organizers, officials, workers, volunteers, participants, sponsors, promoters and advertisers (all of whom are hereinafter collectively referred to as the "RELEASEES").

**DEFINITIONS**

In this Release Agreement, the term "Activities" shall include all activities, events, services or use of facilities provided, arranged, organized or conducted by the Releasees or engaged in by myself/my child including but not limited to: dance classes, auditions, workshops, rehearsals, and showcases, and all other related activities.

**ASSUMPTION OF RISKS**

I am aware that participating in the Activities involves inherent risks including, but not limited to: impact or collision with objects or equipment; impact or collision with other persons; the failure to dance safely or within one's own ability or within designated areas; negligence of other persons; and NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.

I AM AWARE OF THE RISKS ASSOCIATED WITH THE ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of the RELEASEES permitting my participation in the Activities, including use of or access to their services, equipment, and other facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in the Activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE ACTIVITIES;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in the Activities;
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the Province of Ontario and shall be deemed to be within the exclusive jurisdiction of such Province.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in the Activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Name of Participant:	Signature of Participant (if 18 or over):
Name of Parent/Guardian (if under 18):	Signature of Parent/Guardian (if under 18):
Date Signed (MM/DD/YYYY):	