



## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK and INDEMNITY

In consideration of permission, granted now or in the future by The Jaimie Hill & Tammy-Lynn Powers Memorial Foundation to participate in the 2011 Dance Scholarship at Forest Lawn High School (1304 - 44 Street S.E.) on November 5<sup>th</sup>, 2011, I agree and acknowledge that:

1. I have met all of the prerequisites required for participation in the dance scholarship audition.
2. I will abide by the rules and regulations imposed on the participants in The Audition.
3. There are risks and hazards inherent in the very nature of The Audition and that as a result of these risks and hazards, I as a participant, may suffer personal injury, even death, as well as property loss. I nevertheless freely and voluntarily assume the aforementioned risks and hazards and accordingly my participation in The Audition shall be entirely at my own risk.
4. I waive any claim I may have against The Jaimie Hill & Tammy-Lynn Powers Memorial Foundation arising from my participation in The Audition and agree to indemnify and hold harmless The Jaimie Hill & Tammy-Lynn Powers Memorial Foundation and affiliated partners for any claim, including any claim for medical services arising from my participation in The Audition.
5. The Jaimie Hill & Tammy-Lynn Powers Memorial Foundation may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
6. This RELEASE OF LIABILITY, WAIVER OF CLAIM, ASSUMPTION OF RISK and INDEMNITY is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.
7. I am prepared to grant The Jaimie Hill & Tammy-Lynn Powers Memorial Foundation permission to use, for promotional purposes only, any photographs taken of the participant registered in The Audition.

YES       NO

DATED at Calgary, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Birth of Participant

If the Participant is under the age of 18:

I, the undersigned, understand and acknowledge the above and agree to have my Child/ Ward participate in The Audition on the conditions listed above.

\_\_\_\_\_  
Name of Parent/Guardian  
(Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian phone # in  
case of emergency