

## BRAIN BEAT DANCE PARTICIPATION AND ACTIVITIES - WAIVER FORM

### 豁免加拿大腦保健舞蹈學會活動之一切風險及責任

Date of Function 日期: 201\_\_年\_\_月\_\_日至 201\_\_年\_\_月\_\_日 活動 / 課程  
完畢 from \_\_\_\_\_, 201\_\_ to \_\_\_\_\_, 201\_\_ full completion of trip / course

Participant name 參加者姓名: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Emergency contact 緊急聯絡人: \_\_\_\_\_ Phone# 電話: \_\_\_\_\_ - \_\_\_\_\_

#### Conditions 我會遵守參加活動之附帶條件:

- I am responsible to consult my doctor whether I am able to participate 我負責先徵求醫生意見而決定可以參加此活動
- I will obey all instructions and will inform organizer/instructor immediately if I feel discomfort 我會遵守一切指引。我答應當身體不適時, 我一定立刻告知導師或主辦人。
- I will take all precaution to be safe for myself and the group 我會小心自己及大眾安全。

#### Waiver of Liability 豁免責任書:

Brain Beat Dance Canada Senior Association (BBDCSA) and its Board of Directors shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by a Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation, breach of statutory duty and/or breach of agreement/contract with any third party. I hereby release and indemnify BBDCSA and its Board of Directors from and against any such claims.

I understand and agree with the conditions and waiver of liability.

加拿大腦保健舞蹈學會及其董事概不負責, 無論是直接或間接的任何索賠, 人身傷害或任何損失、費用、開支及一切因該活動引起的或連接參與的傷害, 不論這種傷害, 損害或損失發生屬於任何疏忽, 失實陳述, 違反法定責任和/或第三方違反協議/合同的結果, 我及家人絕不會作追究。

在此, 我同意豁免加拿大腦保健舞蹈學會及其董事一切法律及賠償責任。

Signature 參加者簽名: \_\_\_\_\_ Date 日期 \_\_\_\_\_, 201\_\_