

## INTREPID DANCE COMPANY – BLUEPRINT WORKSHOP WAIVER

EVENT DATE: OCTOBER 3, 2025

LOCATION: TORONTO MARRIOTT MARKHAM - 170 ENTERPRISE BOULEVARD MARKHAM ONTARIO L6G 0E6

Dancer Name: \_\_\_\_\_

School: \_\_\_\_\_

I, the undersigned parent/guardian, give permission for my child to participate in the **BLUEPRINT Workshop** hosted by **Intrepid Dance Company**. I acknowledge and agree to the following:

- 1. Assumption of Risk:** I understand that dance activities involve physical movement and there is a risk of injury.
- 2. Medical Authorization:** In case of emergency, I authorize event staff and the supervising teacher to obtain necessary medical treatment for my child.
- 3. Liability Release:** I release Intrepid Dance Company, its staff, volunteers, and the event venue from all liability for injury, illness, or loss during the event.
- 4. Photo/Video Consent:** I consent to my child being photographed or filmed for event promotion and social media.
- 5. Supervision:** I understand my child will be supervised by their school teacher/chaperone at all times.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Teacher/Chaperone Name: \_\_\_\_\_

Signature (confirming all waivers collected): \_\_\_\_\_

*Please return this signed form to your school's teacher/chaperone.*