



STUDIO17 WAIVER FORM

I, the Participant or Participant's Parent/Legal Guardian, hereby regarded as "I", understand that the Studio 17 Programs, hereby referred to as "Activity", I voluntarily participate in for the between the duration of June 2017 to the end of August 2017, is a physical activity in which usual risks, hazards and dangers of personal injury, death and disability, and/or economical losses may occur (collectively "damages"). In understanding these Damages, I agree to waive any and all claims and Releasees any and all liabilities for the damage that I may suffer or incur, or that my Parent(s)/Legal Guardian(s) or next of kin may suffer as a result of my participation in this Activity and will not sue against Studio17 Inc. and their directors, managers, associates, volunteers, sponsors, or any other person or company in any way associated with them (collectively "Releasees")

I further certify that I have no medical condition, which would cause participation in the Activity to be potentially hazardous to My health. In addition, this Agreement shall constitute authorization for the Releasees to contact Emergency Medical Services in the event(s) of and appropriate injury, medical emergency or as may be necessary on My behalf. I will accept all charges in relation to such a medical emergency and will not attempt to reclaim such losses from or sue to the Releasees

PHOTOGRAPHY, VIDEOS AND MEDIA

I understand and consent to having My photo or video taken as this Activity will be photographed and videotaped by the Releasees for promotional purposes. I agree to waive and release any and all rights and claims and will not sue the Releasees for any videotaping, photography and/or the use of videos and pictures of Me through the duration of the Activity and for future purposes. By signing this form, I have agreed to adhere to all terms and conditions stated above and will pay all fees and penalties as accrued throughout the Activity and beyond.

Name of Participant(s): _____

Signature of Participant/Guardian (if under the legal age of 18): _____

Date: _____