



## Waiver of Liability and Medical Authorization

In consideration for being allowed to participate in the hip hop dance program organized by C3 Hip Hop Dance Co. ("the Program") at C3 Studio located at Wilton Mall, which is owned and operated by Wilton Mall Development I, LLC, I hereby waive, release, and covenant not to sue C3 Hip Hop Dance Co., its owners, directors, officers, employees, coaches, instructors, contractors, and agents; Wilton Mall Development I, LLC (owner of Wilton Mall); and any fitness centers or spaces (indoor or outdoor) used by the Program, as well as their respective owners, employees, instructors, or agents, from all present and future claims resulting from ordinary negligence on the part of any of the foregoing parties for personal injury or death, or from loss, damage, or theft of personal property. This includes all claims arising from use of the facilities and equipment of C3 Studio and participation in any activities or activities incidental thereto. On behalf of myself, my family, my heirs, or assigns, I hereby voluntarily waive all claims resulting from ordinary negligence.

Furthermore, I am aware that personal training, athletic enhancement, and group health and fitness activities can range from vigorous cardiovascular activity to the strenuous exertion of strength and endurance training. I understand that these and other physical activities as part of the Program, conducted by coaches or instructors affiliated with C3 Hip Hop Dance Co., involve certain inherent risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. My participation is voluntary, with full knowledge of such inherent risks of property damage, personal injury, or death.

I understand that by signing this waiver, I confirm I have been cleared by my physician to participate in physical fitness activities. I understand that any pre-existing and/or new conditions, including but not limited to heart conditions, blood pressure issues, chest pain, dizziness, bone, joint or muscle problems, and prescription medications, must be discussed with a coach or instructor of the Program before continuing participation in physical activities. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the state of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceedings shall be in the state of New York and Saratoga County.

I have read this form and fully understand that by signing this form, I am giving up legal rights and remedies that may be available to me for the ordinary negligence of C3 Hip Hop Dance Co., its owners, directors, officers, employees, coaches, instructors, contractors, and agents, and/or Wilton Mall Development I, LLC (owner of Wilton Mall), or any of the parties listed above.

### Participant (or Parent/Guardian if minor)

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

Printed Name: \_\_\_\_\_

**Medical Conditions (if any):** \_\_\_\_\_