



## INJURY WAIVER

The undersigned (“**Participant**”) represents and warrants that Participant is in excellent mental and physical health and knows of no reason why Participant cannot participate in the dancing and cardio exercises required for Participant’s training (the “**Training**”) with LaBlast Holdings, LLC (“**Company**”). Participant agrees to notify Company prior to participating in the Training of any physical, medical or mental condition that might affect Participant or limit Participant’s participation in the Training. Participant acknowledges that Participant is responsible to take adequate rest periods and other reasonable precautions during the Training in order to minimize the risk of injury. Participant acknowledges that Participant is responsible for maintaining accident and health insurance to cover any disability from a bodily injury as well as any insurance to cover Participant’s short-term or long-term injury and any insurance to cover Participant’s death.

Participant hereby releases, waives, discharges and holds harmless Company, Vandance, LLC, LaBlast, Inc., Louis’ Danceblast Inc., Louis van Amstel and any of their respective parent, subsidiary or affiliated companies, licenses, designees, partners and assigns, and the officers, directors, shareholders, members, employees, independent contractors, owners, participants, agents, attorneys and representatives of any of them, as well as their heirs, successors and assigns (individually and collectively the “**Releasees**”), and any party deriving rights through or from any of the Releasees, from and against any and all claims, demands, controversies, causes of action, damages, rights, liabilities and obligations whatsoever of any nature directly or indirectly relating to, or arising from any physical or other injury or illness to Participant, or damage to Participant’s property, resulting from Participant’s activities in connection with the Training whether occurring during or after Participant’s participation in the Training. Participant expressly assumes any and all risks of physical or other injury or illness, or damage to Participant’s property, arising out of Participant’s activities in connection with the Training.

Without limiting the foregoing, Participant acknowledges that any medical services or procedures offered by Company in the course of the Training may carry with it a risk of complications, infection or other injury, and Participant assumes all risks in connection with such services or procedures. In the event of Participant’s injury, Company’s representatives may refer Participant to physicians or other medical professionals. Participant acknowledges that Company does not require Participant to accept treatment from those or any other medical professionals. Company makes no representations or warranties with respect to and assumes no liability for the qualifications, credentials or performance of any such medical professionals.

AGREED TO AND ACCEPTED BY:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

TO BE COMPLETED IF PARTICIPANT IS UNDER 18 YEARS OF AGE:



I represent that I am the parent or legal guardian of the minor who has signed the above release, and I hereby consent to said minor entering into the foregoing agreement and unconditionally guarantee the performance of said minor's obligations under the foregoing agreement.

\_\_\_\_\_  
Parent/legal guardian of minor

Print Name: \_\_\_\_\_

Minor DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_