

Payment Amount \$ _____ + Registration Fee \$25.00 = \$ _____

THE STUDIO

PERFORMING TECHNIQUE DANCE SCHOOL

Circle one: Cash Check

Date _____

Registration/Release

DANCERS NAME: _____ BIRTHDATE: _____ AGE: _____

Please print clearly

PARENTS NAMES: _____

Please print both parents' names if applicable

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ CELL NUMBER: _____

EMAIL: _____ INTERESTS/TALENTS: _____

HEATH ISSUES/INJURIES: _____

I HEARD ABOUT THE STUDIO FROM: WEBSITE FRIEND AD FLYER NEWS

I WOULD LIKE TO SIGN UP FOR THE FOLLOWING CLASSES:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I AGREE TO PAY FOR MY (DANCERS) CLASS(ES) ON THE 5th OF EACH MONTH. I REALIZE THAT DURING THIS TIME, THE STUDIO WILL HOLD MY (DANCERS) PLACE IN CLASS WHETHER OR NOT HE/SHE IS ABLE TO ATTEND ALL CLASSES. A MONTH'S NOTICE IS REQUIRED IF HE/SHE IS NOT RETURNING TO CLASSES. ALL 12 MONTHS REQUIRE TUITION PAYMENT IN ORDER TO HOLD YOUR DANCER'S PLACE (EVEN IN THE SUMMER MONTHS).

THE STUDIO HAS A NO REFUND POLICY. DANCERS MAY MAKE UP CLASSES BEFORE OR AFTER THE ABSENCES IN THE SAME LEVEL OR IN A LOWER LEVEL CLASS IN THE SAME MONTH OR AS SOON AS POSSIBLE. YOU RESPONSIBLE TO FOLLOW THE TUITION DUE DATES AND TO CALL A MONTH IN ADVANCE IF HE/SHE IS NOT RETURNING TO CLASSES. DUE DATES ARE ON OR BEFORE THE 5TH DAY OF CLASS EACH MONTH. IF PAYMENT IS NOT SUBMITTED BY DUE DATE DANCER WILL BE DENIED CLASSES UNTIL PAID AND A \$25 LATE FEE WILL BE REQUIRED.

In addition:

1. The Studio requires a non-refundable \$25.00 Registration Fee.
2. I give permission for my student to be videotaped and/or photographed in classes, rehearsals, or performances sponsored by The Studio throughout the year in which these may be placed on the internet.
3. I agree never to post any part of The Studio's videos online without express permission of Cara Agustin, owner/instructor.

I HAVE READ THIS CONTRACT AND UNDERSTAND MY COMMITMENT TO THE STUDIO DANCE SCHOOL

Dancer (18 yrs. or over) or Parent's Signature

Date

WAIVER OF LIABILITY AND RELEASE

THE STUDIO

PERFORMING AND TECHNIQUE DANCE SCHOOL

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered before signing this document. If under 18, parent fill out.

In consideration of being permitted to participate in The Studio dance school I, _____

PLEASE PRINT

_____, in full recognition and appreciation of the dangers and

risks inherent in such activities, do hereby waive, release, and forever discharge The Studio, its officers, agents, independent contractors or employees, as well as Cara Agustin, owner/instructor from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that my participation in The Studio is voluntary. I assume full responsibility for my injuries or damages resulting from my participation in this program including responsibility for using reasonable judgment in all phases of participation and understand that the activities may be hazardous, and that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries or damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I understand that it is my responsibility to notify the appropriate person in the workplace of emergency medical information. I also understand that this Wavier of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

I acknowledge that I have read and understand this entire Wavier Liability and Release, and I agree to be legally bound by it.

Participants Name (printed) _____

Participants Signature _____

Date _____

Witness _____

Name & Signature of Parent/Guardian if
Participant is under 18 years of age:

Please Print

Signature