



# The Performing Arts Center

Artistic Director: Kristen M. Gerding-Heffner

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www.thepacofpc.com

## TUMBLING

Please fill out the form and send it in with a check made payable to The PAC for tuition. It is \$75 for one session or \$140 for one student doing both sessions. Please send to P.O. Box 30, Glandorf, OH 45848.

Parent/Guardian First and Last Names: \_\_\_\_\_

Parent's Cell # \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_ 2021-2022 Grade: \_\_\_\_\_

Health Concerns/Allergies that are important for our instructors to know: \_\_\_\_\_

### Rules and Expectation Signature Page for 2022-2023 Season

1. I agree to abide by the rules/expectations of The Performing Arts Center of Putnam County LLC.
2. I understand and agree that in participating in any class, workshop, rehearsal or performance, there is a possibility of serious physical injury. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of The Performing Arts Center of Putnam County LLC classes, rehearsals, performances, or activities. I also exempt, release, and indemnify The Performing Arts Center of Putnam County LLC, Gerding-Heffner Holdings LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or other students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by The Performing Arts Center of Putnam County LLC. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold The Performing Arts Center of Putnam County LLC, Gerding-Heffner Holdings LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, or injury. I understand that I should be aware of my physical limitations and agree not to exceed them.

If I am signing this waiver for my child, I certify that I am the parent or legal guardian and have the right to waive these rights. I have read, understood, and agree to be bound by the above statement:

PRINTED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ DATED: \_\_\_\_\_