

# BU Dance Company Registration Form

Reg. Fee \_\_\_\_\_

Recital Fee \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail (Please Print) \_\_\_\_\_

Medical Conditions : \_\_\_\_\_

Class 1 \_\_\_\_\_ \$ \_\_\_\_\_

Class 2 \_\_\_\_\_ \$ \_\_\_\_\_

Class 3 \_\_\_\_\_ \$ \_\_\_\_\_

Class 4 \_\_\_\_\_ \$ \_\_\_\_\_

Total \_\_\_\_\_

AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK I agree to pay all participation fees. I, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless BU Dance Company, Inc., as well as its directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while that person is participating in activities connected with BU Dance Company, Inc., including classes, rehearsals, performances, or other activities. I understand that dance activities have inherent risks of injury, and, being fully aware of all risk, I consent to have my child/myself/the minor child for whom I am a legal guardian, participate in the programs and activities offered by BU Dance Company, Inc., and I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian. By signing this statement, I declare that the aforesaid participant is in good health, with no physical conditions that might prevent his/her/my participation in strenuous and rigorous dance activities and other training and performance connected with musical theater. Further I understand and acknowledge that because of the physical nature of DANCE, there may be physical contact between directors, employees, staff, company members, instructors and students during rehearsals, shows, workshops, productions, and especially during dance instruction. I understand that at times for proper instruction and safety, physical contact is required and necessary. I have carefully read this Agreement, Waiver, Release, & Assumption of Risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it of my own free will. I also authorize BU Dance Company, Inc. to use photos and videos of my child/myself/the minor child for whom I am a legal guardian for promotional purposes. If I am signing this in my capacity as the legal guardian of a minor child, I authorize BU Dance Company, Inc. to use photos and videos of the minor child for promotional purposes.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print parent/Legal Guardian name \_\_\_\_\_ Print student name \_\_\_\_\_