Expressions Dance Academy of Wolfeboro
Ballet, Tap, Jazz, Modern, Lyrical, Hip-Hop and Cheerdance

P.O. Box 291, Wolfeboro, NH 03894
603-303-8995 | expressionsdanceacademy.net

Registration, Consent, Liability Waiver, and Payment Authorization

STUDENT AND PARENT/GUARDIAN

Student name: _____ DOB: _____ Age/grade: _____

Parent/guardian: _____ Relationship: _____

Address: _____ City/state/ZIP: _____

Phone: _____ Email for notices/invoices: _____

CLASSES, EMERGENCY CONTACT, AND MEDICAL INFORMATION

Classes requested:

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Emergency contact: _____ Relationship/phone: _____

Medical conditions, injuries, allergies, medications, or accommodations: _____

ASSUMPTION OF RISK, RELEASE, AND EMERGENCY AUTHORIZATION

I understand that dance instruction, rehearsals, performances, conditioning, stretching, and related activities involve inherent and ordinary risks, including slips, falls, collisions, strains, sprains, fractures, head injury, illness, and other serious injury. I voluntarily authorize participation and assume those risks. To the fullest extent permitted by New Hampshire law, I, for myself and as parent/legal guardian of the minor participant, release and agree not to sue Expressions Dance Academy of Wolfeboro and its owners, instructors, employees, volunteers, agents, and facility providers for claims caused by their **ordinary negligence**, including negligent instruction, supervision, maintenance, or premises conditions. This release does not apply to gross negligence, reckless or intentional misconduct, or liability that cannot lawfully be waived. I certify that the participant is able to participate subject to the disclosures above, will follow safety instructions, and will promptly report injury or unsafe conditions. If I cannot be reached after reasonable efforts, I authorize reasonable first aid, emergency evaluation, ambulance transportation, and medical treatment, and accept responsibility for related costs not covered by insurance. I am responsible for personal property brought to studio activities.

☐ I have read, understand, and voluntarily agree to the assumption of risk, release, and emergency authorization above.

PHOTO/VIDEO CHOICE AND STUDIO POLICIES

☐ YES - Authorize recognizable studio publicity photos/video. ☐ NO - No recognizable publicity/marketing use.

☐ I have received or can access the Studio Policies and agree to attendance, attire, conduct, safety, pickup, tuition, withdrawal, refund, late-fee, and communication terms.

MONTHLY CREDIT CARD AUTHORIZATION

Recurring authorization: I authorize Expressions Dance Academy of Wolfeboro to charge the card below for monthly tuition from September through May, plus the disclosed 3.5% processing fee and $0.15 per transaction. Tuition is charged before the first of each month. If another payment method is selected but payment is not received by the 10th, I authorize the studio to charge the card on file for tuition and the applicable disclosed late fee. A declined payment may result in suspension from class and a $25 declined-payment/chargeback fee. This authorization remains in effect until the end of the season or until I revoke it in writing, subject to amounts already due and the Studio Policies.

☐ Enroll in automatic monthly billing ☐ Use card as backup if payment is late

Cardholder name: _____ Billing ZIP: _____

Card number: _____ Exp.: _____ CVV:* _____

***CVV IS FOR INITIAL QUICKBOOKS ENTRY ONLY. AFTER ENTRY/AUTHORIZATION, PERMANENTLY REDACT OR DESTROY THE CVV; NEVER RETAIN IT.**

Cardholder signature: _____

SIGNATURES

Parent/guardian printed name: _____ Date: _____

Parent/guardian signature: _____ Adult participant signature (if 18+): _____

☐ I certify that the information is accurate, that I have authority to sign, and that I understand this one-page agreement affects legal rights.