



Dance Expressions

HERE COMES THE SUN! DANCE CAMPS

DANCER'S LAST NAME

Parent(s)/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Any allergies or mild medical conditions we should be aware of? _____ **NO** _____ **YES** _____

Condition: _____

Name: _____ Age: _____ Birth Date: ____/____/____

SHIRT SIZE YOUTH: SM _____ MED _____ LARGE _____ ADULT: SM _____ MED _____ LARGE _____

July 6-9th AM _____ **July 6 – 9th PM** _____
 AGES 6 – 8 yrs. AGES 9 – 11 yrs.

July 20-23rd AM _____ **July 20 - 23rd PM** _____
 AGES 6 – 8 yrs. AGES 9 – 11 yrs.

I _____ (parent or guardian) understand that due to the recent outbreak of Coronavirus/COVID 19, that there is a level of risk for attending dance classes, dance related outings, activities, recitals and competitions, even with the new safety 'Best Practices' put into place by Dance Expressions, which include disinfecting protocols, at their studios located at 1550 Reynolds Rd., Maumee, OH and 7343 International Dr., Holland, OH. I also understand there is a risk of physical injury during dance classes or any related performance, and that personal injury could result during the participation of such activities. I represent that the student which I am registering: _____ is physically able to participate in such activities as those at Dance Expressions Studio. I agree to assume all risks associated with my child's participation in all activities at Dance Expressions Studio, at either of their facilities used for activities associated with Dance Expressions Studio, or while participating in any community event. I hereby waive, release, and discharge Dance Expressions Studio, its' owner, staff, contracted help, or volunteers of all present or future claims and liabilities of any kind, whether for sickness, injury to body, damage to property, or other loss arising from my child's participation in activities offered by Dance Expressions Studio, including but not limited to dance instruction, private lessons, rehearsals, and performances on or off the Dance Expressions property.

Social Distancing will be observed throughout our Studio facilities, at all times. Mask wearing, by students/dancers, is optional during physical participation in all dance classes, and must be acknowledged/approved by parent/guardians.

My dancer: _____ WILL wear Mask _____ Will NOT Wear Mask _____

During our studio rehearsals, recitals, and community/public events, just as we do during our dance year, we take photographs and video of our classes, dancers, & performances. These will be used for advertisement & promotional items. By signing you agree that your child can be photographed and videotaped and that their images can be used, but not limited to, the following: Facebook, Instagram, newspaper articles, DVD's of performances, signs, displays at our facility or an event being produced by our company. etc. You also agree that you will not at any time, present or future, be compensated for the use of these images. You also understand that this is a photography/video release Dance Expressions Studio of images for the child listed on this statement form.

By signing, I agree that I have read this statement of release in its entirety, understand it, and hereby agree to its contents and terms for the period June 1, 2020 through June 30, 2021

 Signature of Parent or Legal Guardian

 Date