

FUSION Performing Dance Academy

1260 E. Goodrich Blvd. Commerce, CA 90022 (323)386.4315

**STUDENT REGISTRATION
RELEASE AND WAIVER FORM****General Information:**

Student Name:	
Date of Birth (mm/dd/yyyy)	Age: School:
Parent/Guardian Name:	
Address:	City, St, ZIP:

Contact Information:

<i>Parent/Guardian (or Student, if applicable):</i>	<i>Emergency Contact:</i>
Email: _____	Name: _____
Home: _____	Relationship: _____
Cell: _____	Home: _____
	Cell: _____

Student Background Information:

Does your child (or you, if you will be attending classes) have any preexisting medical conditions about which we should be aware? YES / NO

If "YES", please explain: _____

Does your child (or you, if you will be attending classes) have previous dance experience? YES / NO

If "YES", what styles, how many years: _____

How did you hear about FUSION Performing Dance Academy: _____

LIABILITY AND MEDIA RELEASE

This Liability and Media Release applies to any activities in which you may participate offered by FUSION Performing Dance Academy, ("**FPDA**"). I understand and agree in participating in any dance class, workshop, rehearsal, performance, or other activity offered by FPDA ("**FPDA Activities**") there is a possibility of physical injury or death. Each student may decline to participate in any FPDA Activity. Please inform FPDA and your or your child's instructor of any physical limitations you or they may have. I understand that I should be aware of my and my child's physical limitations and agree not to exceed them. Please consult with a physician before participating.

I hereby agree, therefore, to assume all risks and responsibility for any injury or accident that may occur to me or my child during any FPDA Activity. I understand and agree that it is my sole responsibility to safeguard my personal property while in attendance and/or participating at FPDA. I also exempt, release, and indemnify and

Waiver #: _____

hold harmless FPDA, its owners, employees, contractors, volunteers, representatives and agents, and students (the "**FPDA Parties**") from any and all damage, loss, liability, injury, or death to me, my children, or property that may arise out of or in connection with my or my child's participation in any FPDA Activity. I further hereby voluntarily agree to waive my and my heirs' and assigns' rights to hold FPDA or any FPDA Party liable for such damage, loss, liability, injury, or death.

Further, I hereby grant permission to FPDA and the FPDA Parties to: (i) make recordings of FPDA Activities in any form or media, including but not limited to photographs, video, audio, and audiovisual recordings, which may include my and/or my child's likeness ("**Recordings**"); (ii) distribute such Recordings in any form or media for any purpose, publicly or privately, including without limitation for educational or promotional purposes, without any compensation or additional consideration to me; and (iii) include biographical information of me and/or my child in connection with such distribution.

If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights on behalf of my child, the student named above.

Student Name: _____ Date: _____

Parent/Guardian Signature (or Student, if applicable): _____

STUDIO INFORMATION AND POLICIES

We request a \$25.00 annual contribution to support the programs offered by FUSION Performing Dance Academy. The annual date begins on the date this agreement is signed and it only pertains to the children programs. If more than one child in the family registers, we ask only for one annual contribution and not for each child. No annual contribution required for adults.

Payments can be made by cash, check (made payable to FUSION) or credit card (3% charge). If you purchase a monthly card, it must be purchased at the beginning of the month, and it must be used by end of the month. It will not carry on to the next month. There are no credits or refunds for missed classes. I understand that all fees paid are nonrefundable and nontransferable. Initial: _____

I have read all studio information and policies including Registration Fee, Monthly Tuition, Attendance Policy, Dress Code, and Studio Rules. I accept responsibility to pay fees on time.

By signing below, I fully understand, accept, and agree to abide by these policies.

Student Name: _____ Date: _____

Parent/Guardian Signature (or Student, if applicable): _____

OFFICE USE ONLY:

Form Collected By: _____ Date: _____

Annual Contribution Collected by: _____ Date: _____

Form of payment: Cash Check Credit

NOTES:

Waiver #: _____