MOGA CONSERVATORY OF DANCE
189 North HWY 89, ste. G
North Salt Lake, UT 84054
Phone: (801) 989-7769
Email: admin@mogaconservatory.com

Fall Semester (September 2, 2025 - December 19, 2025)

Classes Begin- 9/2

Fall Break- 10/13 - 10/18 (No classes)

Halloween- 10/31 (No classes)

Thanksgiving Break- 11/25-11/29 (No classes)

Last day of fall semester classes- 12/19

Winter Production Date- December 11-13

Spring Semester (January 6, 2026 - May 22, 2026)

Classes Begin- 1/6

Martin Luther King Day- 1/19 (No classes)

President's Day- 2/16 (No classes)

Davis County Professional Day- 3/9 (No classes)

Spring Break- 3/28-4/4 (No classes)

Davis County Professional Day- 4/24 (No classes)

Last day of Spring Semester Classes- 5/22

Spring Production Date TBA

MOGA CONSERVATORY OF DANCE
189 North HWY 89, ste. G
North Salt Lake, UT 84054
Phone: (801) 989-7769
Email: admin@mogaconservatory.com

Tuition Policy

(1) 1st payments can be made in cash, check, or through the online portal. (Please make check to "MOGA"). Subsequent monthly payments must be made through the online parent portal on Dance Studio Pro with an account on file.
(2) There will be a $30 fee for returned checks.
(3) If a payment is not made on the student's first class after the due date, a $25 late fee will be charged, and participation of the student will be discontinued until the payment is received.
(4) All tuition is non-refundable, non-transferable, and cannot be prorated. No exceptions allowed.

I have read, understand and agree to the above statements.

X_____ **Date**_____

CONSENT TO EMERGENCY TREATMENT -

I acknowledge that there are risks inherent in any program, including but not limited to injury or death arising from: participation in dance classes and performance; student's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the controls of the MOGA CONSERVATORY OF DANCE staff. In order to minimize all risks to myself or other participants, I will take responsibility to see that I am prepared for all activities and in good health each day of the program. In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contact named below. However, in the event that my named contacts cannot be reached, I give permission to the staff of MOGA CONSERVATORY OF DANCE to secure medical treatment. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

Signature:_____

Emergency Contact

Emergency Contact 1: _____ **Phone:** _____

Emergency Contact 2: _____ **Phone:** _____

MOGA CONSERVATORY OF DANCE
MISA OGA, *Artistic Director*

MOGA CONSERVATORY OF DANCE
189 North HWY 89, ste. G
North Salt Lake, UT 84054
Phone: (801) 989-7769
Email: admin@mogaconservatory.com

INDEMNIFICATION AND RELEASE

I, _____, desire to attend classes at MOGA CONSERVATORY OF DANCE. The Conservatory program includes dance training and educational activities. I understand that there is some risk of injury inherent in the dance training, educational and recreational activities included in the dance classes and that MOGA CONSERVATORY OF DANCE shall not be responsible for any injuries or damages suffered during my participation in the Conservatory's program. I, therefore, consent to my participation at MOGA CONSERVATORY OF DANCE.

INDEMNIFICATION: Furthermore, I hereby agree to indemnify and hold harmless MOGA CONSERVATORY OF DANCE and/or the agents, employees independent contractors, representatives and directors of this institution (collectively, the "Indemnified Parties") for any loss, claim, damage, suit, costs or expenses, including attorneys' fees and court costs, resulting from or arising out of any injury to any person or damage to property, caused by or incurred by myself, incurred as a result of or during the conservatory's program or any activities in connection with the MOGA CONSERVATORY OF DANCE program.

RELEASE: In consideration of MOGA CONSERVATORY OF DANCE, I do hereby voluntarily waive and release any and all actions, claims and demands for any damage, injury or loss to person or property which may be sustained by myself directly or indirectly whether caused by negligence or otherwise during the course of or as a result of participating in the program.

I FURTHER UNDERSTAND THAT THIS RELEASE AND INDEMNIFICATION SHALL BE BINDING ON MYSELF, MY PERSONAL REPRESENTATIVES AND HEIRS.

I certify that I have read, understand and agree to the contents of this document.

Signature of participant:

_____

Date: _____

Printed Name: _____

MOGA CONSERVATORY OF DANCE
MISA OGA, *Artistic Director*

MOGA CONSERVATORY OF DANCE
189 North HWY 89, ste. G
North Salt Lake, UT 84054
Phone: (801) 989-7769
Email: admin@mogaconservatory.com

Media Recording/Usage Release

I hereby give my consent for the image and likeness of _____
to be videotaped, audiotaped, or photographed for the following uses:

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize MOGA CONSERVATORY OF DANCE to use this electronic media and/or photographs in any manner-whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographical reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of MOGA CONSERVATORY OF DANCE.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release MOGA CONSERVATORY OF DANCE and its component parts from all liability which could result from its use.

Participant's Name:_____

Signature:_____
(Participant's signature if over the age of 18)

MOGA CONSERVATORY OF DANCE
189 North HWY 89, ste. G
North Salt Lake, UT 84054
Phone: (801) 989-7769
Email: admin@mogaconservatory.com

MOGA CONSERVATORY OF DANCE
MISA OGA, *Artistic Director*

ADULT DIVISION

Name:_____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address:_____ Phone: _____

#of classes /week	**One-time Payment** **October 21st- December 9th (8 classes)**	**THREE PAYMENTS** **1st Payment Due on the day of registration**	**Due on November 1st**	**Due on December 1st**
1 Class	$80 ($10/ class)	$30	$50	$50

Drop- in rate: $25/ class

Class meets on-
October 21st (Tues) 7:30-8:15pm
October 28th (Tues) 7:30-8:15pm
November 4th (Tues) 7:30-8:15pm
November 11th (Tues) 7:30-8:15pm
November 18th (Tues) 7:30-8:15pm
November 25th (Tues) 7:30-8:15pm
December 2nd (Tues) 7:30-8:15pm
December 9th (Tues) 7:30-8:15pm

_____ I am interested in doing an adult role for MOGA's production of the Nutcracker on December 13th, 2025. (yes or no)