



**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) 1<sup>st</sup> 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.

(1) Students will make every effort to attend every class, on time, and ready to learn.

(2) Students who continuously miss classes, for whatever reason, will not be able to perform the same sections as their classmates, in MOGA's production in June. Pre-professional classes progress at a fast rate, and those who miss the material taught, will fall behind.

**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 youth program, including but not limited to injury or death arising from: participation in dance training 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 my student or other participants, I will take responsibility to see that my student is prepared for all activities and is 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 chaperons and staff of MOGA CONSERVATORY OF DANCE to secure medical treatment for my student. 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:** \_\_\_\_\_



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## INDEMNIFICATION AND RELEASE

I am the parent/guardian of \_\_\_\_\_, who desires 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 by my child, during my child's participation in the Conservatory's program. I, therefore, consent to my child's participation in Conservatory's program and I further consent to my child's participation in other activities such as performances in connection with the 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, my child and/or my ward, 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's acceptance of my child in Conservatory's program, 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, my child and/or ward 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 ASSIGNS, MY CHILDREN AND/OR WARDS, AND MY PERSONAL REPRESENTATIVES AND HEIRS.

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

**Signature of Parent or Guardian:**

**Date:** \_\_\_\_\_

**Printed Name of Parent or Guardian:** \_\_\_\_\_



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## Media Recording/Usage Release

I hereby give my consent for the image and likeness of \_\_\_\_\_ (Student's Name) 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 photographic 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: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
(Participant's signature if over the age of 18)