



# THE LIGHT OF DANCE ACADEMY

## REGISTRATION FORM PARTICIPANT RELEASE AND WAIVER OF LIABILITY POLICIES, CODE OF CONDUCT AND AGREEMENT SIGNATURE PAGE

*This is a legal and binding contract. I certify that I have received, read and understood 'TLODA Policies, Code of Conduct and Agreement' outlined in TLODA website at www.thelightofdanceacademy.com. I understand 'TLODA Policies, Code of Conduct and Agreement' in their entirety, and agree to bound the terms included in each page. If the student listed in this form is a minor, I have read the Policies and Code of Conduct with them before the start of class. The Policies, Code of Conduct and Agreement, Participant Release and Waiver of Liability shall be binding on my heirs, successors, and personal representatives. If the student listed in this form is a minor, I certify that I have full legal authority to sign this release on their behalf and waive all rights to file or peruse a lawsuit against TLODA, TLODA Owner and all its associates under all circumstances. I have had the opportunity to have my questions answered by the TLODA Owner before signing. Before TLODA services can be rendered, PARTICIPANT RELEASE AND WAIVER OF LIABILITY, POLICIES, CODE OF CONDUCT AND AGREEMENT, and SIGNATURE PAGE must be signed in all required areas, completely filled out, and returned to the Provider, including payment. This contract renews automatically each year on April 15<sup>th</sup> unless a written withdrawal letter by the student or the minor student's parent is submitted to the Provider 30 days in advance.*

This "Agreement" is made effective as of the enrollment date and is between The Light of Dance Academy and:

Adult Student First and Last Name\* \_\_\_\_\_ Adult Student Date of Birth \_\_\_\_\_

Cell Phone Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email ID\* \_\_\_\_\_

Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Minor Student First and Last Name\* \_\_\_\_\_ Minor Student Date of Birth\* \_\_\_\_\_

Mother First and Last Name\* \_\_\_\_\_ Cell Phone Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father First and Last Name\* \_\_\_\_\_ Cell Phone Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Email ID\* \_\_\_\_\_ Father's Email ID\* \_\_\_\_\_

Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

In Case of Emergency who should we contact\* \_\_\_\_\_ Relationship\* \_\_\_\_\_

Cell\* # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Complete Address\* \_\_\_\_\_

PAYMENT METHOD\*:  CREDIT CARD  VISA  MASTERCARD  DISCOVER CARD

I AM AWARE: (PLEASE CLEARLY PRINT NAME) \*: I \_\_\_\_\_ agree and understand student(s) enrollment fee and monthly fees will be charged from my account on the 1<sup>st</sup> of each month except summer-break while I am or my child is enrolled at The Light of Dance Academy.

Credit/Debit Card Number\* \_\_\_\_\_ Expiration Date\*: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Full Name on Card Provided (Printed)\* \_\_\_\_\_

Security Code\* \_\_\_\_\_ Billing Zip Code\* (Listed with the Financial Institution for the Credit Card) \* \_\_\_\_\_

**Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

**TLODA PARTICIPANT RELEASE & WAIVER OF LIABILITY AND POLICIES, CODE OF CONDUCT AGREEMENT SIGNATURE PAGE**

By signing the Signature Page, you are agreeing that you have read, understand, and agree to adhere to Participant Release and Waiver of Liability, TLODA policies, Code of Conduct, all procedures, and protocols. Additionally, you acknowledge and understand that the policies, Code of Conduct, all procedures, and protocols at The Light of Dance Academy are legally binding and subject to change without advance notice and that any changes made will supersede any current Policies, procedures, or contractual agreements, including but not limited to payment and attendance policies, illness policies, and other operational policies and procedures. Students, Parents and Guardians of minor students will be notified of any changes in writing. All Adult Students, Parents and Guardians of minor students must sign the Signature Page at the start of each dance year certifying that they have read this document, understand it in its entirety, and agree to be bound by its terms, before participating in classes.

**I certify that I have read** TLODA Participant Release & Waiver of Liability AND Policies, Code of Conduct & Agreement documents. If my child is a minor, I have read the Policies and Code of Conduct with them before the start of class. The Release and Waiver of Liability shall be binding on my heirs, successors, and personal representatives. If the participant is a minor, I certify that I have full legal authority to sign this release on their behalf. I have had the opportunity to have my questions answered by TLODA’s Director before signing. If I have feedback or concerns at any time, I will speak with the Director.

Adult Student Signature\* \_\_\_\_\_

Print Full Name \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

Parent or Guardian’s Signature\* (if student is under age 18) \_\_\_\_\_

Parent or Guardian’s Full Name (please print) \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

TLODA Director Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_