



Adult Registration Form

Please print clearly, complete both pages & return to info@danceworks.us

Name: _____ Date of Birth: _____ Circle One: Beginner/Intermediate/Advanced

Home Street Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ E-mail: _____

Emergency Contact Name: _____ Cell Phone: _____ Relationship: _____

Physician's Name: _____ Physician's Number: _____

Class 1 Day _____ Time _____ Description _____

Class 2 Day _____ Time _____ Description _____

Class 3 Day _____ Time _____ Description _____

Did someone refer you? _____ If yes, please provide name so we may thank them: _____

Describe your dance training (if any): _____

****Please list any health-related problems, allergies, medications or any other special physical considerations on this form ****

Policies: Non-refundable payment must be made in full with completed, signed and dated registration form in order to secure class day and time. Must provide 24-hour notice of any cancellations or changes. If student is injured, she/he should come to class to observe/learn. If student misses class due to fever/illness, he/she may take a make-up class at another time, location or via zoom. Schedule is subject to change based on enrollment and may change due to weather or other emergencies and may cause the need to have class via zoom.

Waiver of Liability: I understand that injuries are inherent with any physical activity. In the event that an injury occurs to me, my child or to a family member, I agree not to hold Dance Works, Director, class instructor(s) or venues liable for any and all claims for bodily injury and property loss or damage arising from participation in any Dance Works classes and activities. Dance Works or the class instructor(s) will not be held responsible for any health problems or for any accident resulting from failure to inform Director and instructor(s) of any conditions affecting student's health, either on this application or during class. Dance Works, instructor(s), Rec departments and Crawford Park will not be liable for any exposure to Covid-19.

Authorization of Treatment: I consent to the participation of me in Dance Works classes and certify to the best of my knowledge, I am physically capable of participating in classes and will not pose any risk to my health and safety, or the safety of others. In the event all reasonable efforts are made to contact, and my emergency contact is unavailable, I give consent to arrange for or to administer any medical treatment deemed necessary for me by a licensed physician, and the transfer of me to any medical facility reasonably accessible.

Photo/Video Release: I hereby consent to and authorize the use and reproduction of my image in print, video or electronic format taken in class or during virtual classes, performances and photo shoots without compensation. All images and videos are owned by Dance Works.

Safe Studio Policies: All students and families must adhere to policies communicated via our website at www.danceworks.us

I have read, understood and hereby consent to the Policies, Waiver of Liability, Authorization of Treatment and Photo/Video Release above.

Signature: _____ Date: _____



Dance Works Coronavirus / Covid-19 Assumption of Risk and Waiver of Liability

In consideration of being allowed to participate in any Dance Works classes, programs and events at any location I agree to the following:

1. I acknowledge the contagious nature of Covid-19 and the CDC and other government and public health authorities and that it is spread mainly from person to person.
2. I acknowledge that Dance Works has put in place preventative measures to reduce the spread of Covid-19.
3. I/my child(ren) will not attend in-studio classes if at any time answering yes to any of the following questions:
 - Have you had a fever of over 100 degree (f) in the last 24 hours before arriving to studio?
 - Do you currently or recently have any respiratory or flu-like symptoms, sore throat, nausea, chills or shortness of breath?
 - Have you been in close contact with anyone within 10 days who has been diagnosed with Covid-19.
- 4 I agree to follow New York State (NYS) Covid-19 protocol including NYS travel protocol and any Dance Works implemented procedures.
5. I voluntarily seek Dance Works services and assume any risk that my children/I may be exposed to or infected by Covid-19 by attending Dance Works classes and/or events and such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of being exposed to or infected by Covid-19 may result from actions, omissions or negligence by the Director and others including but not limited to Dance Works instructors, independent contractors, volunteers, program participants and their families.
6. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including but not limited to personal injury, illness, disability, death, damage, loss, claim, liability, or expense of any kind that i or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Dance Works or participation in programing or events.
7. On my behalf and on behalf of my child)ren, I hereby release, covenant not to sue, discharge and hold harmless Dance Work, it's Director, Instructors, employees, contractors, agents and representatives of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims, whether Covid-19 infection occurs before, during or after participation in any Dance Works program or event.

Signature

Date

Print Name