## BRIGHT STAR ACTING ACADEMY

311 S Water St. #121-125 Henderson, Nevada 89015 725 600 2626 abby@abbyreystudios.com

#### **Terms of Agreement**

Bright Star Acting Academy and Abby Rey Acting Studio is part of Abby Rey Studios, LLC.

**Behavior:** Disruptive, disrespectful, rude behavior, bullying and sexual harassment will not be tolerated. In the event of bad behavior, the student will be asked to leave.

**Missed Classes:** Missed classes may be made up on the next available make up day. Contact us to arrange a make-up day. Classes will not roll over to the next month. We understand sickness, certain situations and emergencies may arise and we will be happy to work with you on those situations.

**Payments** are due before the first class of each month. You may pay on our website. We accept cash, check, Venmo, Zelle or Paypal. If you have a special payment plan with us that we have previously discussed, we will honor that.

**Drop ins:** If you are not paying for monthly classes, you may do drop ins where you can pay per class. Prices are on our website.

Family Discount: Immediate families may share an Any 8 or Unlimited Acting Package.

**Parents/Guardian:** Parents are required to sign their children in and out of class. Please submit a list of people who are approved to pick them up. Parents may need to show identification before picking up your child. Parents may stay in our lounge/office area or in the outside lobby. You may enjoy a complimentary snack and drink from our cafe. Please refrain from going upstairs. You may drop your child off and leave the vicinity but you must be back on time to pick them up after class. If they are not picked up within 15 minutes after their class, a \$25 fee will be due before you leave.

Adult Classes/Censorship: We allow teens under 18 in some of our classes. We also have mixed kids and adult classes. Please be advised that the scripts used in the adult classes may include language, violence and/or substances. We try to keep our content PG13 but we do not have control over what other students may say. If you're allowing your child or teen to an adult class, please keep in mind that these topics may arise. If you do not wish your child or teen to be exposed to these topics, please let the teacher know. We have kids and teens only classes and we will find an age appropriate class for your child.

Covid-19 Safety Precautions: (only applicable if Covid is on the rise in our area). Masks are required during class. Students may remove their masks while performing. They may wear a face shield or clear mouth covering while performing but a mask should be on while seated. Chairs, door handles, light switches, pens, etc. will be sanitized after every class. We will also run an air purifier during class and ensure that there is adequate air flow in the room. We will limit our class to 12 students per class.

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PAYMENT AGREEMENT / MEDIA RELEASE FORM / GENERAL LIABILITY WAIVER

I have read and understood the Terms of Agreement. I agree to pay the amount agreed upon in the beginning of the month before the first class of the month.

If my child/teen will be attending the adult classes or mixed classes, I agree to the terms under the section "Adult Classes/Censorship".

I give permission for Abby Rey Studios, LLC and its affiliates (teachers, photographers and social media team) to film and photograph me and use my image for advertisement purposes on their flyers, newsletters, websites and social media accounts without credit or compensation. This includes print and electronic.

I agree to hold harmless Abby Rey Studios, LLC and its affiliates in the event of accidents, injury, sickness and death, including complications from Covid-19. I will not come to class if I have Covid-19 symptoms (fever, sore throat/cough, chills, fatigue, etc.) or if I have been exposed to Covid-19.

Full Name:
Child's Name (if under 18):
Address:
Signature:
Date:

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#### Approved Pick Up List / Emergency Contact

Please write down the full names (as seen on Driver's License/ID) of the people who will be picking up your child. Name of Child(ren): Parent: \_\_\_\_\_\_ Phone Number: \_\_\_\_\_ Parent: \_\_\_\_\_ Phone Number: \_\_\_\_ Other: Phone Number: Relationship to Child: Other: Phone Number: Relationship to Child: **Emergency Contact:** Phone Number: Is there anything else we need to know about your child? (Food allergies, medical conditions, disabilities, etc?)