# *Registration and Medical Release Form*

Please consult with a staff member at *The Academy* about the class in which you are interested. Bring or mail this completed form to The Academy, 150 W. G Street, Unit I., Los Banos, CA 93635, along with the appropriate registration fee.

FAMILY NAME: _____ HOME PHONE: _____ E-MAIL ADDRESS _____

ADDRESS_____ CITY: _____ ZIP: _____

FATHER-NAME: _____ OCCUPATION: _____ BUS. PH: _____ CELL PH: _____

MOTHER-NAME: _____ OCCUPATION: _____ BUS. PH: _____ CELL PH: _____

STUDENT: _____ BIRTHDATE: _____ TAPAF CLASS: _____

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STUDENT: _____ BIRTHDATE: _____ TAPAF CLASS: _____

**MEDICAL PROBLEMS**:

Having been informed of the activities to be conducted by *The Academy*, I, a parent or guardian of the participant, gives my approval for the above named student's participation in any and all activities of the program including use of inflatables. In consideration of my or the student's membership acceptance in *The Academy*, I hereby forever waive, and forever release and discharge *The Academy, Queen Esther's Ballet, Los Banos Ministries and* their officers, owners, directors, professional consultants, and employees, from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities. Fitness students should have a medical exam before participating in classes. Both *The Academy* and the administrative staff should be made aware of any special needs your child may have.

I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury in any activity involving unusual motion or height.

_____ _____

SIGNATURE of Parent, Guardian, or Participant (if adult) Date

Make checks payable to: ***TAPAF ~OR~ The Academy of Performing Arts*, 150 W. G Street, Unit I, Los Banos, CA 93635**

How did you find out about *The Academy*, and what made you decide to join?

_____

_____

**Office Use Only**

Ck # _____ Amount $_____ T-shirt/Leotard _____

Payment Description Registration Fee Amount $ Tuition Amount. $ Scheduled Monthly Payment $


# WAIVER RELEASE

## PRINT/VIDEO/PHOTO

I hereby grant permission to ***The Academy of Performing Arts and Fitness***, and its officers, trustees, employees, agents, students, representatives, successors, licensees and assigns (hereinafter "***The Academy***") to photograph/videotape/print my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to ***The Academy*** to edit, crop, or retouch such photographs/prints/videotape, and waive any right to inspect the final photographs/videotape. I hereby consent to and permit photographs/videotape of me and/or those of my minor children to be used by ***The Academy*** worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print, videotape and electronic. I understand that ***The Academy*** may use such photographs/videotape with or without associating names thereto. I further waive any claim for compensation of any kind for ***The Academy's*** use or publication of photographs/videotape of me and/or those of my minor children (if applicable). I am aware that photos and videos are taken from time to time for marketing (i.e. Facebook, website, brochure use, newspaper, etc.) and instructional purposes and I hereby consent to their use by ***The Academy*** and their agents.

I hereby fully and forever discharge and release ***The Academy*** from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children (if applicable) by ***The Academy***, and covenant and agree not to sue or otherwise initiate legal proceedings against ***The Academy*** for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

Signature _____

Print Name _____

Date _____

Print Name of Minor Child _____

Print Name of Minor Child _____