



Registration

Payments are due the 1st of Each Month

STUDENT INFORMATION

Student Name: _____ Age: _____

Home Address: _____

Parent #1 Name: _____ Cell: _____

Parent #1 Email: _____ Home: _____

Parent #2 Name: _____ Cell: _____

LEGAL RELEASE AND POLICY ACCEPTANCE (Please Initial)

_____ I/we understand the Studio Policies.	_____ I/we understand the attendance policy.
_____ I/we understand the risks related to dance.	_____ I/we understand the recital costume fee.
_____ I/we understand the dress code.	_____ I/we understand the recital ticket fees.
_____ I/we understand my billing obligations.	

Signature/Responsible Party

Date

CLASSES

Class Name	Day/Time	Fees

MEDICAL

Allergies: _____

Will your child require special medical attention during a normal class: (yes/no) _____

If yes, please Explain: _____

PARENT MUST SIGN LIABILITY WAIVER PRIOR TO STUDENT’S PARTICIPATION.

RELEASE OF LIABILITY

In consideration of my child(ren)’s participation in dance and as their legal parent or guardian, I agree that neither I, my heirs, assigns or legal representatives will sue or make any claims of any kind whatsoever and release and hold harmless Dawson Prestige Dance Studio, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Dawson Prestige Dance Studio, its owners and operators or in route to or from any of said premises. I FULLY ASSUME ALL THE RISKS ASSOCIATED WITH THIS ACTIVITY.

Parent’s Printed Name

Parent’s Signature

Parent’s Printed Name

Parent’s Signature

Date

PUBLICITY RELEASE

Dawson Prestige Dance Studio may conduct activities, demonstrations, and recitals that may be publicized on the internet or the local/national news media. These activities may include interview sessions with news reporters; photographs and/or videography of individual students or groups of students for our website, local and national newspapers, television news programs, brochures, and flyers.

I/We grant permission for my/our child’s name, voice, and photographic likeness to be used by Dawson Prestige Dance Studio and/or reporters, journalists, or photographers employed by news media.

Parent’s Signature

Parent’s Signature

Date

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in or in behalf of Dawson Prestige Dance Studio’s dance program and related events and activities, the undersigned acknowledges and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation;
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe or experience any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Dawson Prestige Dance Studio, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND AND AGREE TO THE TERMS.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____