



Contact Information

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|--------------------|--|-----------------------------|--|
| Student Name: | | Parent/Guardian Name: | |
| Home Phone: | | Parent/Guardian Cell Phone: | |
| Emergency Contact: | | Parent Guardian Email: | |
| Age: (If Under 18) | | | |
| Birthday: | | | |
| Address: | | City | |
| State: | | Zip Code | |

Policy Information

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|--|----------|--|---------------|
| I have read and understand the PAYMENT/ REFUND POLICY information and agree with them. | x. _____ | I have read and understand the MEDIA RELEASE information and agree to them. | x. _____ — |
| I have read and understand the MEDICAL RELEASE information and agree to them. | x. _____ | I have read the LIABILITY RELEASE information and agree to them. | x. _____ — |
| I have read and understand the PRIVATE LESSON information and agree to them. | x. _____ | I have read the COACHING FEE/ FEIS PROGRAM obligation information and agree to them. | x. _____ — |
| I agree to abide by the rules set by An Comisiún Le Rincí Gaelacha (The Irish Dancing Commission.) A detailed list of rules can be found at www.clrg.ie | x. _____ | | |

Payment Policy

1. Inishfree School of Irish Dance (Austin Irish Dance, LLC), has a NO REFUND POLICY. Austin Irish Dance, LLC. PRORATES their SEMESTER FEE, ONLY to new students who attend class after the semester begins. Tuition cannot be transferred from one student to another, even if they are members of the same family. Likewise, tuition CANNOT BE APPLIED AS CREDIT to other classes taken at the studio.
2. Austin Irish Dance, LLC reserves the right to cancel or change class dates, times, and prices if needed due to scheduling, demand and enrollment. Low enrollment may result in a cancelation of consolidation of classes. If a class is canceled, you will be offered an alternative class or receive a full credit of all fees that can be used for any class at the studio.
3. I AGREE TO PAY the annual \$50 family registration fee for the Fall 2019- Spring 2020 calendar year. THIS FEE DOES NOT APPLY to families who have joined the school within the last 6 months (February 2020).
4. TUITION: We have 2 semesters: Spring and Fall, both of which we charge a semester fee. Price varies, depending on how many classes you/your child is enrolled in. We offer the option of paying the semester fee in monthly payments. The following fees are as follows:

Fall Semester

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|-----------------|--------------|----------|--------------|-------|
| 1 Hour a week: | Semester Fee | \$360 | Monthly Fee: | \$80 |
| 2 Hours a week: | Semester Fee | \$652.50 | Monthly Fee: | \$145 |
| 3+ hours a week | Semester Fee | \$742.50 | Monthly Fee: | \$165 |

* The monthly fee for august will be prorated, at half the monthly cost. The semester fee also reflects this.

Spring Semester

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|-----------------|--------------|-------|--------------|-------|
| 1 hour a week: | Semester Fee | \$480 | Monthly Fee: | \$80 |
| 2 hours a week: | Semester Fee | \$870 | Monthly Fee: | \$145 |
| 3+ hours a week | Semester Fee | \$990 | Monthly Fee: | \$165 |

6. If paying the semester fee in monthly installments, tuition for the following month is EXPECTED TO BE PAID BY THE LAST DAY OF THE CURRENT MONTH. If tuition is not paid by the first of the month a \$10 late fee will be applied to your balance.
7. Failure to pay the semester fee/monthly installments/late fee will result in the dancer to not be eligible to compete in competitions/ perform in shows/ attend class, at the teachers discretion.
8. If a dancer is injured for longer than a month, and wont return to dance the following month due to injury, their tuition can be prorated and dropped to 1 hour per week, for the duration of their injury.
9. The family max per month is \$330.

Private Lesson Policy

1. Cancellation Policy- LESSONS MUST BE CANCELLED 24 HOURS IN ADVANCE. If lessons are cancelled 24 hours in advance, your lesson will resume the following week at your regularly scheduled time, no extra charge. IF YOUR LESSON IS NOT CANCELLED WITHIN 24 HOURS, the FULL private lesson fee is expected to be paid at the next class attend by the dancer.
2. If 2 or more consecutive lessons are missed, your lesson time may be forfeited.

Release and Waiver of Liability

1. I undersigned hereby agrees to RELEASE, WAIVE, INDEMNIFY, HOLD HARMLESS AND COVENANT NOT TO SUE Inishfree, Austin Irish Dance, LLC it's employees, instructors, volunteers, or owners of any claim, cause of action, loss, damage, or for arising out of a related registered students participation in class, rehearsal, performance or other time the student is left under the supervision of Inishfree, Austin Irish Dance, LLC employees or volunteers, on or off the premises.
2. The undersigned hereby ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF BODILY INJURY, DEATH, PROPERTY LOSS OR DAMAGE due to negligence other wise while said student is participating in Inishfree, Austin Irish Dance, LLC's class rehearsals, performances or other time the student is left under the supervision of Inishfree, Austin Irish Dance LLC employees, volunteers or owners, on or off the premises.
3. The undersigned EXPRESSLY ACKNOWLEDGES AND AGREES that some of the activities during classes, rehearsals, and performances hold the possibility of substantial risk and/or death and/ or property loss/damage. The undersigned nevertheless expressly agrees that the foregoing RELEASE AND WAIVER is intended to cover all such activities. Austin Irish Dance LLC is not responsible for any lost of stolen property at anytime.
4. If any portion of this RELEASE AND WAIVER OF LIABILITY is deemed invalid, it is agreed that the balance of the RELEASE AND WAIVER OF LIABILITY remains in full force and effect. The undersigned also expressly agrees that (s)he has READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY and further agrees that no oral representation statement or inducement not contained herein was made or relied upon in executing this document.

Media Release

1. I undersigned hereby understands and agrees that the registered may be participating in Austin Irish Dance, LLC activities and performances where said student may be photographed, videotaped, or recorded by any means not or yet to be invented.
2. The undersigned GRANTS INISHFREE, AUSTIN IRISH DANCE, LLC COMPLETE EXCLUSIVITY TO THE USE OF THESE IMAGES AND/OR RECORDINGS IN ALL FORMS OF MEDIA THROUGHOUT THE WORLD (inclusive of but not limited to: print, professional video, home-video, CD_ROM, internet, DVD, audio CD, and any other electronic medium presently in existence or invented in the future.) The previously mentioned images, and recordings before the property of Inishfree, Austin Irish Dance, LLC.
3. I undersigned hereby agrees to RELEASE, WAIVE, INDEMNIFY, HOLD HARMLESS AND COVENANT NOT TO SUE Inishfree, Austin Irish Dance, LLC it's employees, instructors, volunteers, or owners for any claim that anything contained in the Property, or in advertising and publicity used in connect herewith , is defamatory, reflects adversely on the undersigned or said student, violates any other right whatsoever, including, without limitation, rights or privacy and publicity.
4. Inishfree, Austin Irish Dance, LLC shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation, or organization.

Medical Release

1. The UNDERSIGNED REQUESTS and AUTHORIZES that Inishfree, Austin Irish Dance LLC, it's owners, members, employees, staff, volunteers to act on their behalf, in the case of a MEDICAL EMERGENCY. The undersigned requests that in the event of a medical emergency the student be admitted to any hospital or medical facility for any time of diagnosis and or treatment that is deemed medically necessary.
2. The undersigned requests and AUTHORIZES PHYSICIANS, DENTISTS, SURGEONS, AND STAFF, dully licensed as Doctors of Medicine/ Osteopathy, or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the registered student/ participant.
3. The undersigned has not given any GUARANTEE as to the results of examination or treatment. The UNDERSIGNED AUTHORIZES Inishfree, Austin Irish Dance, LLC, it's owners, members, employees, staff and volunteers to act for the student according to their BEST JUDGMENT in PROVIDING OR ARRANGING for EMERGENCY CARE in any emergency circumstance requiring medical attention.
4. the undersigned AUTHORIZES the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal customary procedures. The undersized AGREES TO BE RESPONSIBLE for all charges incurred by any hospitalization, treatment, or medical transportation.

Coaching Fee/Feis Program Obligation/Feis Volunteer Obligation

1. Every dancer enrolled in Inishfree, Austin Irish Dance LLC will be responsible for paying either an annual coaching fee or selling an allocated amount of program sales for our annual Irish dance competitions program. The level of which your dancer competes, determines the coaching fee/add sales amount. These fees will replace any fundraising to support teacher travel/ expenses. ***Any dancer who did not participate in the previous year's fundraising, will pay a coaching fee for participation in feisenna and championships. prior to each competition.***
2. Coaching fees are due the same day as our Feis program add sales are due, in May 2020. The specific date will be determined in the future.
3. Failure to pay for the coaching fee/ program add sales fee in full, will result in the dancer to not be eligible to compete in competitions/perform in shows/ attend class, at the teachers discretion.
4. COACHING FEE AMOUNT/ AD SALES AMOUNT will be deemed on level of dancer, and the number of dancers per family. Beginner/Novice level dancers: \$150 minimum, Oireachtas Level Dancers: \$250 minimum and National/World level dancers: \$500. (This may be revised for families with more than one dancer.)
5. Dancer's parents are required to volunteer at our Feisanna. A minimum of 4 hours for a 1 day feis and 8 hours when we host a double feis weekend.

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|---------------------------------------|--|----------|----------|
| Number of hours Attending: | 1 | 2 | 3 |
| Payment Plan | Semester / Monthly Installments | | |
| Important Medical Conditions: | | | |
| | | | |
| Allergies: | Yes / No | | |
| If yes, please write which allergies: | | | |

Please return the entire contract, signed, on the first day of class.

Thank you,

Patrick McCarthy ADCRG and Pierce Beach TCRG

Printed Name: _____

Signature: _____ Date: _____