Zohar Dance Company & Studio Registration & Waiver of Release Form Student Name (print): Birthdate: If under 18, Parent/Guardian Name: Address: Zip: Day Phone: _____ Evening Phone: ____ E-Mail: Cell Phone: Employer/School: How did you learn about Zohar: Other information, anything else we should know or you want to share with us: Emergency Contact Information - Person to be contacted in the event of an emergency Name: Name: Phone: Phone:

Relationship:

Payment Policy

Relationship:

- Single class fees must be paid prior to the start of class. Please see schedule for current rates.
- Discount for classes when 4 or more classes are purchased at one time. These discounted classes must be taken in 2 months. NO EXCEPTIONS.
- Unpaid and past due accounts are charged at the rate of \$20 per class
- Students with past due accounts can be turned away from class until their account is brought up to date.
- When paying for a series, please take into consideration holidays and your personal activities to avoid lost classes. If you cannot take your paid classes due to a <u>change in Zohar's schedule</u>, your payment *may* be extended at Zohar's discretion.
- No refunds, no extensions, no transfers.
- Zohar accepts cash or checks, make checks payable to ZOHAR (*if the name on the check is other than the student, please note to whom the payment should be credited.*)
- Returned check fee is \$25.
- Schedule is subject to change without notice.

Student Release (read, sign and date) Waiver of Liability & Assumption of Risk

Dancing is a strenuous activity from which injuries could arise. **Zohar Dance Company** and its programs, which includes **Zohar Dance Studio** are NOT LIABLE for personal injuries, loss of, or damage to personal property. Customer/Client assumes all risks of personal injury connected to physical activity while on/or about Zohar's premises, including but not limited to dancing and receiving dance instruction. **Zohar Dance Company**, its officers, employees and agents are NOT LIABLE for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to Customer/Client's use of facilities or participation in activity within or without the premises. Please inform the instructor of any physical limitations you may have. If you are in doubt as to your physical abilities, please consult your physician before participating.

Signature	Date
If student is under 18. F	Parent/Guardian Signature