

# DANCE INSTITUTE

## Summer Class Card Registration Form

Parent Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birthdate (m/d/y): \_\_\_\_\_

### Emergency Contact:

Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Summer Classes:

All drop in Classes are \$18.00/ Hour

Classes Attending throughout summer: \_\_\_\_\_ hours purchased

1.	_____ Class	_____ Day	_____ Time
2.	_____ Class	_____ Day	_____ Time
3.	_____ Class	_____ Day	_____ Time
4.	_____ Class	_____ Day	_____ Time
5.	_____ Class	_____ Day	_____ Time

### Please initial the following:

☐ All Class Card Holders MUST sign in at the front desk for each class he or she is Attending. This is MANDATORY.

☐ All Class Card Hours expire August 14<sup>th</sup>, 2020.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Dance Institute? \_\_\_\_\_

**DANCE INSTITUTE**  
**LIABILITY WAIVER AND PHOTO/VIDEO RELEASE**

**Liability Waiver**

As the participant or the parent/legal guardian of the participant signing below, I have voluntarily elected to participate (or have my child participate) in a dance and/or fitness training program at the facilities of Holland Dance Institute, LLC dba Dance Institute ("Dance Institute"). I acknowledge that, as with other athletic activities, there are risks inherent in dance and fitness training including, without limitation, the risk of injury to bones, joints, tendons, ligaments and muscles. If I/my child experience(s) an injury or I have concerns about a possible injury, I should and will promptly consult a physician and notify my/my child's instructor at Dance Institute.

By signing below, I assume the risks related to dance and/or fitness training at Dance Institute. I hereby release Dance Institute and its instructors, officers, managers, agents, volunteers, and employees (collectively, "Agents") from, and agree to indemnify and hold them harmless against, all claims (including claims of negligence), demands, actions, damages, liabilities, and expenses (including reasonable attorneys' fees) (collectively "Claims") arising out of or resulting from the dance and/or fitness training and the use of the Dance Institute facilities (including, without limitation, personal injury and the loss or destruction of personal property).

**Emergency Medical Assistance**

In the event I (or my child) were to become ill or sustain an injury requiring emergency assistance, I authorize any Agent of Dance Institute to seek emergency medical assistance that, in Dance Institute's sole discretion, may be necessary for me or my child (as applicable), and to arrange or provide transportation to a medical facility. In that event, I agree to pay (or cause my insurance carrier to pay, if applicable) the costs associated with such emergency medical assistance. I hereby release Dance Institute and its Agents from, and agree to indemnify and hold them harmless against, all Claims resulting from such emergency medical assistance, if provided to me/my child or arranged for my/my child's benefit by Dance Institute.

**Photo and Video Release**

I hereby authorize Dance Institute to use my/my child's photographs and likeness (including in videos) for lawful and respectable purposes relating to Dance Institute, including publicity, choreographic archives, promotional materials, and educational purposes.

I HAVE CAREFULLY READ THE ABOVE LIABILITY WAIVER AND PHOTO/VIDEO RELEASE, I FULLY UNDERSTAND ITS CONTENT AND SIGNIFICANCE, AND I AGREE TO BE FINANCIALLY RESPONSIBLE FOR THE COST OF ENFORCEMENT OF THIS INSTRUMENT. I AGREE TO ABIDE BY THE POLICIES AND RULES OF DANCE INSTITUTE. I AM SIGNING BELOW VOLUNTARILY. IF I AM SIGNING FOR MY MINOR CHILD, I REPRESENT THAT I AM THE LAWFUL GUARDIAN OF SUCH CHILD, WITH AUTHORITY TO GRANT THE CONSENT REFLECTED BELOW.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Participant or Parent/Legal Guardian  
(if participant is under 18)

\_\_\_\_\_  
Participant's Name (please print)

\_\_\_\_\_  
Name of Signatory (if different from participant - please print)