2018 Danceology Beginner Camp (6-13yrs)

Registration Form

For official use only

Initials:_____ Date:_____

Student Information

Name:_____ DOB:_____

Parent Information

Name:_____

Email:_____

Address:_____

City/ State/ Zip:_____

Cell Phone:_____

Emergency Contact Information

Name:_____

Email:_____

Cell Phone:_____

Relationship:_____

*Please list all medical conditions and or allergies including current medications. Also, list any learning or other special considerations/ circumstances of which Danceology should be made aware:*_____

How did you hear about our summer programs? _____

STUDENT NAME(S)	DATE	TIME	CAMP	COST	SUBTOTAL
Danceology® 2018 Summer Beginner Camp					
Name:	July 16-19	9:30am-12:30pm	**Beginner Camp (6-13yrs)**	$175.00	
Name:	July 23-27	9:30am-12:30pm	**Beginner Camp (6-13yrs)**	$175.00	
				Final Total	**$**

PLEASE PACK A SNACK AND WATTER BOTTLE DAILY. I HAVE READ DANCEOLOGY TUITION POLICIES AND AGREE TO THE PAYMENT TERMS. I UNDERSTAND THAT PAID TUITION WILL NOT BE REFUNDED. SUMMER CAMPS/WORKSHOPS ARE NON-TRANSFERRABLE AND CANNOT BE CREDITED TOWARDS FUTURE SESSIONS.

SIGNATURE OF PARENT/ LEGAL GUARDIAN **DATE**

DANCEOLOGY REPRESENTATIVE **DATE**

Payment Information

Credit Card

Name on Card:_____

Card Number: _____

Card Ex. Date:_____

Cash

STUDENT LIABILITY WAIVER

Danceology, Inc.®, is hereafter referred to as "DI" and _____, is hereafter referred to as "Dance Student." T he following is hereby agreed upon. In consideration of being allowed to participate as a student in any way in one or more dance or exercise programs, its related events and activities (such workshops, events, and activities are collectively referred to herein as the "Program"), I, the above referenced Dance Student, acknowledge, appreciate, and agree that:

1. I am an adult over 18 years of age (or, if a child under 18 – see below), and understand the inherent risks, typical hazards, and potential consequences associated with dance or exercise; and
2. The risk of injury from the activities involved in the Program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
3. I further understand that some of those risks include, but are not limited to, incidents which may cause one to fall and that DI may not have any control over such events. I also understand that injuries may be caused by my own behavior, conduct, or lack of s kill; and
4. I fully understand and am knowledgeable of these risks and hazards of dance courses. I KNOWINGLY AND FREELY ASSUME A LL SUCH RISKS , both known and unknown, EVEN IF ARISING FROM THE NEGLEGENC E of others, and assume full responsibility for my participation; and
5. I willingly agree to comply with the stated and customary terms and conditions for participation in the Program. If, however I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring the hazard to the attention of the nearest official DI
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS DI and its officers, officials, agents, employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Program, WIT H RES PECT TO ANY AND A LL INJURY, DISIBILIT Y, DEAT H, or los s or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF MYSELF OR THE ABOVE CORPORAT ION, INDIV IDUA LS , OR PARTIES , to the fullest extent permitted by law.
7. I AM INFORMED AND AM AWARE OF ALL THE TYPICAL DANCE COURSE HAZARDS AND ASSOCIATED RISKS AND WISH TO OBTAIN IN DANCE INSTRUCTION FROM DI AND MYSELF (OR MY CHILD, IF APPLICABLE) DESPITE THESE HAZARDS AND RISKS. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN CONSENT & APPROVAL

I am the parent or legal guardian of the above Dance Student under age 18. I have read and approved of all the foregoing and agree to bind myself, my spouse (if any) and the above referenced child to the terms of this liability waiver. My signature below shall be considered to be an acknowledgement of my signing this liability waiver agreement in my own capacity and in my capacity as parent or legal guardian of the Dance Student. I also agree the DI should not be responsible for the safety and well being of Dance Students who leave DI's premises

SIGNATURE OF PARENT/ LEGAL GUARDIAN **DATE** **PRINT LEGAL NAME** **RELATIONSHIP**