



ACCEPTANCE OF TUITION/ PAYMENT POLICY, PHOTO/DIGITAL MEDIA RELEASE and STUDIO POLICIES

I agree to The Legacy Dance Studio tuition policy. I give permission for my child/children to be photographed and/or videotaped, without compensation, and to have those pictures appear in any paper or electronic means or media, for the sole purpose of promotion and advertising of The Legacy Dance Studio. Acknowledgment that you have received and Read The Legacy Dance Studio Policies and Code of Conduct

Name of Student(s): _____ Date _____

Parent/Guardian Signature: _____ Date _____

Keep Dancing, LLC (Legacy Dance Studio) Liability Waiver and Acknowledgment of Risk: READ AND SIGN BELOW- REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Keep Dancing, LLC classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Keep Dancing, LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Keep Dancing, LLC. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Keep Dancing, LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date):

Legal Guardian PRINTED Name: _____

Legal Guardian SIGNED Name: _____

If under 18, parents or legal guardian must sign

Name of Student: _____

DATED: _____