

## WAIVER AND EMERGENCY INFORMATION SHEET (PLEASE PRINT)

STUDENT'S FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ARE YOU CURRENTLY IN GOOD HEALTH? \_\_\_\_ YES \_\_\_\_ NO      ARE YOU ON ANY MEDICATION? \_\_\_\_ YES \_\_\_\_ NO

DO YOU HAVE ANY INJURIES/CONDITIONS THAT THE STUDIO SHOULD BE AWARE OF? \_\_\_\_ YES \_\_\_\_ NO (IF YES, PLEASE LIST)

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING (MUST LIST TWO):

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**LIABILITY WAIVER:**

1. It is understood and agreed that the above mentioned student has reason to believe that he or she is in good health and is physically capable of participating in the instruction and practice of classes at the Picture Us Different Dance Studio, hereinafter "the Studio."
2. It is further understood and agreed that the student and legal guardian (if student is under 18 years) hereby indemnify the Studio from any and all liability and expense (including reasonable attorney's fees and costs of defense) which it may incur or suffer as a result of:
  - i) the failure of any student listed herein to follow the Rules and Regulations of the Studio
  - ii) any and all claims or causes of action of or on behalf of the student relating to or arising out of Loss, Damage, or Injury sustained by such student while in, on, or upon, or while enroute to the Studio
  - iii) any breach of this agreement

It is understood that even though all classes and practice sessions conducted by the Studio are supervised by qualified instructors and all reasonable care is taken to prevent injuries and minimize accidents, that due to the range of motion and technical challenges of the classes held at the Studio, no assurance can be given by the Studio that injuries will not occur.

In accordance with the aforementioned paragraph, I \_\_\_\_\_ the student, (if 18 years of age or older) or I \_\_\_\_\_ the parent or guardian of \_\_\_\_\_ the student (if under 18 years), do hereby waive, release, and forever discharge any and all rights and claims whatsoever for any damage which I may have against the Studio including its instructors and directors, and I give permission for any photos and/or videos of myself and/or my child/children to be used promotionally for Picture Us Different Dance Studio, Inc.

**THE STUDIO IS NOT RESPONSIBLE FOR ANY ITEM OR PERSONAL PROPERTY WHICH IS LOST, DAMAGED, OR DESTROYED WHILE ON THE PREMISES.**

DATE \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF STUDENT (IF 18 YEARS OR OLDER)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN  
(IF STUDENT IS UNDER 18 YEARS OLD)

\_\_\_\_\_  
RELATIONSHIP TO STUDENT



# PICTURE US DIFFERENT DANCE STUDIO, INC.

## 2017-2018 DANCE REGISTRATION FORM

### PLEASE FOLLOW THESE STEPS:

- 1) Complete and sign the following form and waiver after reading the attached pamphlet carefully regarding studio policies and tuition information
- 2) Send registration form along with your **first tuition pay period payment, \$25 registration fee (per student), and completed waiver** to the studio
- 3) Classes are limited and fill up quickly! **Your tuition payment and registration fee will hold your place in class. This applies to returning students as well. NO REFUNDS OR CREDITS OF TUITION OR REGISTRATION FEE(S)**

*\*Please note: there will be **NO CONFIRMATION** sent to you; you will only be notified if your class choice is full.*

### PICTURE US DIFFERENT DANCE STUDIO, INC. - FALL/WINTER/SPRING 2017-2018 (CLASSES BEGIN SEPTEMBER 18, 2017)

STUDENT'S FULL NAME \_\_\_\_\_

PARENT'S FULL NAME \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PARENT CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT'S AGE \_\_\_\_\_ STUDENT'S BIRTH DATE \_\_\_\_\_

CLASS GROUPING \_\_\_\_\_ DAY & TIME \_\_\_\_\_

DANCE EXPERIENCE & WHERE \_\_\_\_\_

**\*NOTE: If more than one student from a family is registering, please attach a separate sheet of paper with the above information for each.**

I have read the studio regulations and agree to abide by these rules as long as my child/children and/or I continue to participate in classes at the "Picture Us Different Dance Studio, Inc." I give permission for any photos and/or videos of myself or my child/children to be used promotionally for Picture Us Different Dance Studio, Inc.

\_\_\_\_\_  
SIGNATURE OF STUDENT OR PARENT IF STUDENT IS UNDER 18 YEARS

DATE \_\_\_\_\_

**Thank you!**  
**Picture Us Different Dance Studio, Inc.**  
**(847) 692-3600**