

2016-2017 Dance Registration – mail to 118 S. 6th St., Emmaus, Pa 18049

Student's Name: _____ Birth date _____

Age now: _____ Grade in fall _____

Address: _____

City _____ Zip _____

Mother's name _____

Phone: _____ cell: _____ email _____

Father's name _____

Phone: _____ cell: _____ email _____

Classes –please use back of this paper to list classes desired

WAIVER AND RELEASE

In consideration of being allowed to participate in any dance class or activity sponsored by, and/or any other related events and activities which are in any way associated with, Dolly Haltzman Dance Academy (DHDA), or its officers, directors, representatives, employees, volunteers, or agents (collectively referred to with DHDA as the “Protected Persons”), and intending to be legally bound hereby, the Participant and Participant’s Parent(s) and/or Guardian(s) agree as follows:

1. Each person acknowledges and fully understands that the Participant will be engaging in activities alone and with others that involve risk of serious injury, including permanent disability and death, and severe social and economic losses. These injuries and losses which might result not only from his or her own actions, inactions or negligence, but the action, inaction or negligence of others or the condition of DHDA’s studio or of any equipment used.
2. Further, there may be other risks not known or not reasonably foreseeable at this time.
3. Parent(s) and/or Guardian(s) shall be responsible for any and all damage caused to the DHDA studio, equipment or otherwise by the Participant.
4. Participant and Parent(s) and/or Guardian(s) hereby expressly agree to and shall indemnify, defend and hold harmless Protected Persons, and their respective heirs, administrators, executors, successors and/or assigns, from any and all, including actual, potential and threatened, claims, demands, damages, costs, including attorney’s and expert’s fees, expenses, loss of services, action and causes of action, and suits at law and in equity, arising out of or relating to the Participant’s involvement in DHDA classes, rehearsals, recital or other events in association with DHDA or the Protected Persons.
5. Participant and Parent(s) and/or Guardian(s) hereby forever waive and release DHDA and Protected Persons, and their respective heirs, administrators, executors, successors and/or assigns, from any and all claims, demands, damages, costs, including attorney’s and expert’s fees, expenses, loss of services, action and causes of action, suits at law and in equity, which they, and/or their respective heirs, administrators, executors, successors and/or assigns, do, may or might have, arising out of or relating to the Participant’s involvement in activities at DHDA or associated with DHDA or the Protected Persons.
6. I authorize the DHDA faculty or its representatives to obtain emergency medical treatment for the above named student if deemed necessary, and I agree not to hold DHDA, its directors, faculty, staff, or their representatives, or Protected Persons in any way liable.
7. I certify that the Participant has been examined recently by a physician, is physically fit, and has no pre-existing condition which would prohibit participation in the strenuous physical program of DHDA.
8. I agree to be responsible for prompt and timely payment of any and all tuitions and fees due DHDA for the Participant.
9. I understand that all tuitions and fees must be paid in advance of recital date in order for Participant to be in the recital.
10. I understand that there are no refunds for classes missed or early withdrawal and that tuition credit may be granted for students who have to withdraw for medical reasons. Class changes must be in writing and given to office at least two weeks prior to change.
11. DHDA and it representatives has my permission to photograph, videotape, or film Participant for promotional purposes.

I/WE HAVE READ THE FOREGOING AND HAVE VOLUNTARILY SIGNED THIS WAIVER AND RELEASE. I/WE ACKNOWLEDGE THAT BY SIGNING THIS WAIVER AND RELEASE I/WE WAIVE AND RELEASE ALL RIGHTS AGAINST DHDA, ITS OFFICERS, DIRECTORS, REPRESENTATIVES, EMPLOYEES, VOLUNTEERS AND AGENTS. I/WE AM AWARE THAT BY SIGNING THIS WAIVER AND RELEASE I/WE HAVE AGREED THAT I/WE WILL NOT SUE OR OTHERWISE MAKE A CLAIM AGAINST DHDA OR OTHER PROTECTED PERSONS

(PRINT): _____ Signature (parent or guardian, if minor) _____

enclosed is my non-refundable \$25 registration fee (make checks payable to Dolly Haltzman Dance Academy)

please charge \$ ___ to my MC Visa Name on card _____

_____ Exp date ___ / ___ CVV# _____

Account number _____

A 3% processing fee will be assessed for credit card use.

Cardholder signature _____

DO YOU WANT THIS CHARGED TO YOUR CREDIT CARD EACH QUARTER? Y N