

2018-19 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 _____
Emergency contact _____
How did you hear about the program _____

PLEASE LIST CLASSES ON BACK

PLEASE PUT A CHECK MARK NEXT TO EACH NUMBER TO CONFIRM YOU HAVE READ IT THOROUGHLY AND AGREE TO ALL ITS CONTENTS.

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, Repertory Dance Theatre (RDT), Dolly Haltzman Dance Academy (DHDA), or its officers, directors, representatives, employees, volunteers, or agents (collectively referred to 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 RDT and/or DHDA classes, other events in association with the Protected Persons.
5. Participant and Parent(s) and/or Guardian(s) hereby forever waive and release 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 RDT and/or DHDA or associated with the Protected Persons.
6. I authorize the RDT faculty, DHDA faculty or its representatives to obtain emergency medical treatment for the above named student if deemed necessary, and I agree not to hold RDT, 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 for which he or she is involved.
8. I understand that all tuitions and fees must be paid in advance of start date in order for dancer to participate.
9. I understand that this is for a school year long program September –June. I am responsible for the entire year's payment of the classes for which my child is registered
10. There are no refunds for classes missed or early withdrawal. Tuition credit may be granted for students who have to withdraw for medical reasons.
11. RDT and/or 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 RDT, DHDA OR OTHER PROTECTED PERSONS

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

Registration Amount enclosed _____, check # _____ Please make sure your check is made out to DHDA. Thank you.