**Dance Makers Student Information and Waiver**

Student name: Click or tap here to enter text.

Class location, day/time: Click or tap here to enter text.

Birthdate: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell phone: Click or tap here to enter text.

Emergency contact (other than parents): Click or tap here to enter text.

Street address (including city and zip): Click or tap here to enter text.

Email address: Click or tap here to enter text.

Mother’s name: Click or tap here to enter text.

Father’s name: Click or tap here to enter text.

Does your child have any medical needs, concerns, allergies? If so, please describe so I can better serve your child’s needs. Click or tap here to enter text.

**Permission for Photography**

Occasionally, Dance Makers would like to take photos/videos of our little dancers. These photos might be used to prepare small souvenirs for the children and parents and/or possibly to be used by Dance Makers for their own advertising. THE PICTURES ARE NOT USED WITHOUT YOUR PERMISSION. I allow photos of my child to be used as follows (please check one, both, or none):

for internal use only (within students, parents, class use)

for any publicity and/or advertisement of Dance Makers classes

**For school programs**

I, Click or tap here to enter text.understand that I am responsible for the monthly payments that have been established. I have read the “Policies and Pricing” section on [www.dance-makers.com](http://www.dance-makers.com). If you decide to discontinue lessons, please notify Ms. Jennifer 30 days prior to date of withdrawal. If no notice is given, you will be responsible for the entire month.

**Monthly Tuition Reminders will be emailed.** There are no adjustments for shorter months, longer months or missed classes due to weather or other extenuating circumstances.  The tuition is based on the average of classes from September through May.

**Name of parent/guardian:**Click or tap here to enter text.

**Sign/date:**Click or tap here to enter text.

**Liability Waiver**

I do, on behalf of my child expressly agree that Dance Makers, its teachers, and all participating schools and locations, shall not be liable for any damages arising from personal injuries sustained by my child during any dance instruction. I accept full responsibility for any such injuries or damages, which may occur to my child, during said instruction.

Sign/date: Click or tap here to enter text.

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

In consideration of being allowed to participate on behalf of Dance Makers and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Jennifer Pappas and DanceMakers their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: Click or tap here to enter text.

Parent guardian/signature and date: Click or tap here to enter text.