

POLICIES & PROCEDURES

Please read the tuition and makeup policies below carefully. Your signature below acknowledges you have read and understood them.

CHILD'S SAFETY – I understand I am responsible for my child's behavior and safety while on Dance Force-1 premises...including parking lots, bathroom, lobby, etc.

TUITION – Tuition is due the first class of each month. We accept cash and checks. Please make checks payable to "Dance Force-1" and identify your child's name in the "memo" section of the check. If your last name is different than your child's, please put your child's first and last name on the check. There will be a \$25.00 charge for all NSF checks. My child will not be allowed to take classes if our bill is more than 15 days past due. **TUITION AND REGISTRATION ARE NOT REFUNDABLE. THE ONLY TIME TUITION IS PRORATED IS WHEN A NEW STUDENT JOINS A CLASS AFTER THE SESSION HAS STARTED.**

DROP OFF / PICK UP POLICY – I understand that it is my responsibility to drop my child off and pick them up on time. Dance Force-1 cannot keep children in their care after class.

MEDICAL CONDITIONS –Please make sure the instructor is aware of any medical conditions, recent injuries or surgeries.

ATTENDANCE – I understand that if my child has extreme tardiness and/or absenteeism, he/she may be dropped from the class and recital performance without refund.

RELEASE OF LIABILITY, WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES

As a parent or legal guardian of (your child's name) X _____, I hereby consent to his/her participation in or all the programs offered by Dance Force-1. I understand that participation in dance and any and all other activities at Dance Force-1, may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or even death from various causes, known and unknown, which include, but are not limited to the height of the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks in dance, and all other activities offered by Dance Force-1.

In consideration for allowing my child to participate in activities offered by Dance Force-1, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Dance Force-1, or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Dance Force-1. It is also my intent to release Dance Force-1, April Garner-Hoose, and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct, which may occur in the future.

I give Dance Force-1 permission, in connection with any photographs taken during Dance Force-1 activities of me, my family, my child named herein, the right to use and reuse, in any manner at all, photographs in whole or in part, either by themselves or in conjunction with other photographs, in any medium and for the purposes whatsoever, including without limitation, all promotional and advertising uses, and other trade purposes. I hereby release Dance Force-1 and its owner from any and all claims, actions, and demands arising out of our in conjunction with use of said photographs.

Further, in case of accident, injury or sudden illness, I authorize any first aid or emergency medical care that may become necessary for my child while at Dance Force-1. I also authorize that my child may be transported to a local medical facility. If I cannot be reached in an emergency, I hereby grant permission for my child to receive all appropriate medical treatment necessary. I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Dance Force-1. By executing this document, I hereby assume, on behalf of my child, all risk of injury or loss to which he or she may be exposed.

This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

X _____
Parent/Guardian Signature

X _____
Date