



SUMMER DANCE CAMP REGISTRATION FORM

Return Registration Form and Payment to:

DanceWorks
11005 NE Fourth Plain Blvd.
Vancouver, WA 98662
(360) 892-5664

Parent Name: _____

Student Name: _____

Date of birth: _____ Camp registering for: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Text me: Yes ___ No ___

Email: _____

Emergency contact name: _____

Emergency contact number: _____

How did you hear about us? ___ Web Site ___ Ad (which one?) _____

___ Referral Whom may we thank? _____

___ Other: _____

Does your child have any medical conditions or special needs we should be aware of?

Any known allergies? _____

Any health or diet restrictions? _____

Please read and sign below:

DanceWorks does not carry medical insurance for its students. It is understood that in some cases, dancing can result in minor injury. In such case Parents and/or students accept liability and agree to provide for their own medical care and not hold DanceWorks or its affiliates liable for damages.

Summer camp must be prepaid. No credits are given for missed classes.

I have read and understood these policies.

SIGNATURE _____ DATE _____

RELEASE AND WAIVER OF LIABILITY

I am the parent or legal guardian of _____, (hereafter referred to as "Student") who is under the age of eighteen (18) years and who wishes to participate in dance instruction at DanceWorks Dance Studio (hereafter referred to as "DanceWorks"), 11005 NE Fourth Plain Road, Vancouver, WA 98662. I grant my Student's participation with the owner, employees, instructors, independent contractors, and choreographers associated with DanceWorks.

I understand and acknowledge that dance may cause physical injury (minimal, serious, catastrophic, and/or death). In consideration of DanceWorks allowing my student to participate in instruction and performances associated with DanceWorks, I hereby agree on behalf of myself and my Student to indemnify DanceWorks, the owner, employees, instructors, independent contractors, and choreographers associated with DanceWorks, and to hold each of them harmless from any claim or demand on account of injury suffered by my child as a result of participation in instruction or performance, whether on DanceWorks' premises or elsewhere and whether or not caused by negligence of DanceWorks, its owner, employees, instructors, independent contractors, and choreographers. Additionally, I authorize DanceWorks, the owner, employees, instructors, independent contractors, and choreographers associated with DanceWorks to obtain necessary medical treatment of my Student and hereby, on my own behalf and that of my Student, release and hold harmless DanceWorks, the owner, employees, instructors, independent contractors, and choreographers associated with DanceWorks in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my Student for an injury that my Student may incur during instruction or performance.

We, the staff of DanceWorks, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of tumbling, acrobatics, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Tumbling, acrobatics, and dance can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow ALL the safety rules and the coaches' instructions. The parent should warn the student according to what the parent feels is appropriate. DanceWorks will only warn the child through "Safety Messages" and our teaching style and progressions.

DanceWorks, its coaches, and other staff members will not accept responsibility for injuries sustained by any student during the course of tumbling, acrobatics, dance instruction, open workout, or in the course of any exhibition or competition in which he or she may participate in the programs offered by DanceWorks.

INITIALS _____

MEDICAL RELEASE

I fully understand that DanceWorks staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the DanceWorks staff to:

1. Render first aid to my child in the event of any injury or illness and,
2. If deemed necessary by the DanceWorks staff, call a doctor and seek medical help, including transportation by a DanceWorks staff member and/or its representatives, whether paid or volunteer, to any healthcare facility or hospital, or
3. Call an ambulance for said student should the DanceWorks staff deem this to be necessary.

I also understand that it is the parents' responsibility to warn the child about the dangers of acrobatics and injury.

I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against DanceWorks and/or its representatives whether paid or volunteer.

INITIALS _____

PHOTO/VIDEO RELEASE

Photographs and videos are often taken during DanceWorks classes, performances, competitions, activities, and Studio life at large. This media may be used in a publication, print ad, direct-mail, flyer, website, or other form of promotion for DanceWorks.

- I acknowledge the Studio's right to crop or treat the photographs at the Studio's discretion.
 - I acknowledge that the Studio may choose not to use my photos at this time but may do so at a later date.
 - I hereby waive any right to inspect or approve the finished product before publication.
 - I understand that once my image is posted on the DanceWorks website, the images may be able to be downloaded by any computer. I agree to hold harmless DanceWorks.
 - I understand that DanceWorks holds the protection of my child as the highest priority and at no time will my child's identity be disclosed in caption without written consent for the exact photo (for example: *Performer of the Year, Jane Doe*)
 - I state further that I have read the above authorization, release, and agreement and am fully familiar with its contents. This release will supersede any previous releases on file.
- I hereby grant DanceWorks permission to use my likeness, or that of my child, in photographs for the benefit of DanceWorks and/or Performance Companies.
- I hereby DO NOT give my permission for photographs to be published of my child.

Parent/Guardian Name (Print Please) _____

Signature _____ Date _____