## **STUDENT Information:**

Student #1	(*Denotes Required fields, į	f applicable)			
Last Name:*		First Name:*			
Home Phone:	*	Date of Birth:*	Age:*		
Student E-Mail:* Student Cell:*					
Address:* _					
		Zip Code:*			
Please list any	health or physical restriction	s (please include allergies):*			
G: 1 : 112	(*D . D . 15:11				
Student #2 Last Name:*	•	if applicable; Home Phone and Address if d			
		First Name:*			
Home Phone:		Date of Birth:*			
	.11:*	Student Cell:*			
~.		7: 0.1			
	Zip Code:				
Please list any	health or physical restriction	s (please include allergies):*			
Student #3	(*Denotes Required Fields.	if applicable; Home Phone and Address if a	lifferent from Student #1)		
	-	First Name:*			
Home Phone:		Date of Birth:*	Age:*		
Student E-Ma	il:*	Student Cell:*			
Address:					
		Zip Code:			
City:	health or physical restriction				
City:	health or physical restriction				
City:					

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	dents Only*
Previous Experience: (Please list former studio, type of da	nce and how many years)
Reason for leaving previous studio:	
PARENT/LEGAL GUARDIAN Information	on: (*Denotes Required Fields, if applicable)
Name:*	Name:*
Work Phone:*	Work Phone:*
Cell Phone:*	Cell Phone:*
E-Mail:*	E-Mail:*
Relationship to student:*	Relationship to student:*
Person responsible for billing:*	
Address & Phone if not the same as student(s):*	
Emergency Contact if the above are not available:	
Name:*	Phone:*
Relationship to student:*	



## **Release of Claims and Medical Treatment Authorization**

Student Name	Date			
Parent/Legal Guardian Name	Date			
I am aware that dancing, acro and gymnastics exercise associated whaving the possibility and risk of physical injury. It is understood that dance form. It may be necessary for instructors to place hands on the student for pralignment. Each Student/Parent/Legal Guardian has the right to decline comfortable or which they feel may be harmful.  Student/Parent/Legal Guardian understand and expressly assume a instruction, rehearsal, training, shows, performances and competitions, at performance spaces and/or any other venues including but not limited to risk contact with other students, instructors, walls, equipment, floors, structures, near dance studios, and/or any other performance spaces and /or any other venues including but not limited to risk contact with other students, instructors, walls, equipment, floors, structures, near dance studios, and/or any other performance spaces and /or any other venues, is student and Parent/Legal Guardian waive all claims arising out of shows, competitions and performances at emjace DANCE STUDIO, LLC and/venues, whether caused by the negligence, breach of contract, or otherwise, a damage or loss or otherwise, which student may have against emjace DAN directors, shareholders, employees and agents, and their heirs, executors and a The Student/Parent/Legal Guardian is responsible for informing emjal pertinent information including any special needs, medical issues, for Student/Parent/Legal Guardian requests and authorizes that in his/her absence hospital or medical facility for diagnosis and treatment and authorizes professionals, to perform any diagnostic procedures, treatment procedures, or of the student. There is no guarantee as to the results of examination or treatment emjace DANCE STUDIO, LLC its owners, members, board of directors, and alto act for the student according to their best judgment in providing or arrangin situation requiring medical attention.  All students shall be covered by their family's insurance, if any. It is understo is the only source of medical insura	instruction is a physical activity and art roper placement and correction of body participation in which they are not all risks involved in connection with emjaez DANCE STUDIO, LLC and/or of bodily injury occurring as a result of poles, and other objects located in or nues, the student's physical condition or dance instruction, rehearsal, training, or performance spaces and/or any other and whether for bodily injury, property NCE STUDIO, LLC its owners, officers, dministrators.  Dez DANCE STUDIO, LLC in writing of family issues or physical limitations. See, the student may be admitted to any see physicians, or other such licensed perative procedures and x-ray treatment ment. Parent/Legal Guardian authorizes all employees and agents of these parties get for emergency care in any emergency. It is understood that emjaez DANCE and that the students own policy, if any,			
Insurance Company Name Policy/ID Number				
I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with full knowledge of its legal significance. I have executed the release/authorization on the day and year stated above.				
Signature of Student (Ages 18+)/Parent/ Home Phone # Work Legal Guardian	Phone # Cell Phone #			
Please list any medical information that the studio should be aware of (a	allergies, physical limitations, etc.):			

#### e**mi**aez DANCE STUDIO LLC

## Parent/Guardian Agreement

STUDENT RELEASE/PICK-UP I understand that all students are to remain inside of emjaez DANCE STUDIO LLC for pick up by a Parent/Guardian. I authorize my child to be released from emicez DANCE STUDIO LLC without an accompanying Parent/Guardian after classes. I realize by doing so I assume the risk and agree that emigez DANCE STUDIO LLC shall not be liable in any way for injuries or accidents sustained outside of emijaez DANCE STUDIO LLC. It is your responsibility to inform your child of this procedure. **PAYMENT AGREEMENT** Please Read and Initial: There is a one time per year non-refundable registration fee due at time of registration along with the non-refundable first month of tuition for each class you are registering for. Automatic tuition payments using a Visa, MasterCard or Discover will be taken directly from your account on the first For anyone not on auto-pay, a credit card must be kept on file. Tuition is due on the 1st with a 10-day grace period. If payment is not received by the 10<sup>th</sup>, the credit card on file will be charged on the 11<sup>th</sup>. A \$15 late fee will be applied to the account if payment is not successful by the 11<sup>th</sup>. Post-dated checks will NOT be accepted. The office cannot be responsible for holding post-dated checks. If the date on the check is past the 10<sup>th</sup>, the late fee will be applied. If the date on the check is post-dated earlier, but dropped off after the 10<sup>th</sup>, the late fee will be applied. There will be a \$30 fee added to your account for all returned checks. Please note that monthly statements will NOT be mailed. A \$15 late fee will automatically be assessed for all payments received after the 10<sup>th</sup> of the month. If an account is past due more than 60 days, the student may be asked to sit out of class. If an account is past due more than 90 days, the student may not be eligible to participate in the annual show. I understand that I am purchasing a space in the class for the 2023-2024 dance season, beginning September 16, 2023 concluding with the show on June 15, 2024. If my child withdraws from a class, tuition fees will continue to be added to my account until the studio receives an email/written letter of withdrawal. I am responsible for payment of tuition until I officially withdraw from the class or for the remainder of the 2023-2024 dance season if the withdrawal is after December 31, 2023. I understand that there are NO refunds, adjustments or pro-rating given for discontinued or missed classes. If my child withdraws after the first of the month, I am responsible for payment for the remainder of the month. If registering mid-month, I am responsible for the whole month of tuition. If I choose to pay by semester or full year and withdraw, a 20% service charge will be deducted from my refund. If you are enrolled in multiple classes, semester refunds will be credited to your account. I understand there are NO refunds given for the first payment of tuition and it may not be applied to any other month or transferred to another class. I understand there are no tuition refunds given for withdrawals for any reason after December 31, 2023 and that I shall be responsible for tuition for the remainder of the 2023-2024 dance season even though my child has ceased from participating in classes (this includes withdrawal for any and all reasons including but not limited to time conflicts with other activities, lack of interest, etc.). I understand I am automatically signed up for Remind to receive studio notifications. I will need to approve it once I receive the notification on my phone. You may cancel this contract for any reason at any time prior to midnight of the third business day after the date on which the first service under the contract is available. The registration fee however, is non-refundable. I have read and understand the policies of emicez DANCE STUDIO LLC as stated in the 2023-2024 studio brochure. Failure to pay your bill: Financial hardships may occur to any of us. These hardships should be discussed with the owner so that necessary arrangements can be made. Non-payment may result in collection efforts or legal action. Of course, this is a regrettable action only used when other efforts have failed. If an account is sent to collection, you will also be held financially responsible for all collection fees, including but not limited to attorney fees, administrative time, court costs, etc., assessed to emigez DANCE STUDIO LLC. Miscellaneous: No failure delay by emjaez DANCE STUDIO LLC in enforcing any right under this agreement will operate as a waiver of that right under this agreement or prevent emjaez DANCE STUDIO LLC from exercising any other right under this agreement. No amendment or waiver of any term of this agreement will be effective unless it is in writing. If any provision of this agreement is found to be invalid or unenforceable, it will be considered separate and severable from this agreement and will not affect the validity of enforceability of any other term of this agreement. This agreement will be governed by the laws of the State of Ohio. I, the undersigned, have read this release/agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its legal significance. Parent/Legal Guardian Name: Parent/Legal Guardian Signature:

Date:

Signature of Owner:

# emjaez DANCE STUDIO Photo/Video/Audio Consent Form

I, the undersigned, do hereby consent to the use by emjaez DANCE STUDIO LLC of my image, my child's or ward's image, voice, or both, in video, photograph, audio tape; and any video, photograph, or audio tape, reproduced either in whole or in part from the video, photograph, or audio tape regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of emjaez DANCE STUDIO LLC and its affiliates/contractors.

In addition, I waive all claim to compensation or damages based on the use of said image or voice, or both, by emjaez DANCE STUDIO LLC and its affiliates/contractors. I also waive any right to inspect or approve the finished photography, video, or audiotape.

I agree that all such portraits, pictures, photographs, video and audio recordings and any reproductions thereof, all plates, negatives, recording tape, and digital files shall remain the property of emjaez DANCE STUDIO LLC, unless otherwise noted.

I agree to not post any pictures, video or audio recordings from that of emjaez DANCE STUDIO LLC property, video choreography, music or performances on sites such as youtube, facebook, twitter, instagram, snapchat, TikTok or any other social media site. I understand posting of such pictures, video and audio is a violation of copyright laws and I will solely be responsible for any damages or claims arising. Furthermore, I agree to hold harmless emjaez DANCE STUDIO LLC, its affiliates/contractors and waive all claims for damages resulting from that of parent, student or community members posting pictures, video or audio on sites such as youtube, facebook, twitter, instagram, snapchat, TikTok or any other social media site.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on my heirs and assigns. I warrant that I am at least 18 years of age and have read this consent form and fully understand its contents.

Name of Student(s) Attending		
Signature of Student/Parent/Legal Guardian	Date	
Printed Name of Student/Parent/Legal Guardian		