

STYLES DANCE CENTRE



TUMBLING



Child Name _____ Age as of June 3rd, 2019 _____

Home Address _____

Parent Name(s) _____

Parent Phone Number(s) _____

E-Mail Address _____

\$72 for 8 weeks of classes

Summer classes are scheduled in the mornings and early afternoons throughout the weekdays. Please list any days and times that your dancer will **NOT** be able to attend class. I will do my best to schedule around everyone's activities.

Summer Calendar:

June 3rd – Summer Classes Begin

June 24th-30th – No Dance/Tumble Classes This Week

July 4th – Independence Day – Classes will be rescheduled TBA

July 26th – Last Day of Summer Classes

August 18th – Regular Season Classes Begin

Please mail this form to:
Styles Dance Centre
101 W 38th St.
Hays, KS 67601

Or

Drop it off at the studio
1501 Main Street
Hays, KS 67601

No later than May 10th so scheduling can be done as soon as possible!

Liability Waiver

This agreement is by and between Styles Dance Centre and _____,
the parent/legal guardian (herein referred to as The Parent) of _____,
the dance student (herein referred to as The Student).

In consideration of weekly dance classes, workshops, rehearsals, and performances, the parent and student hereby agree to the following:

1. The Student is voluntarily participating in Dance activities, offered by Styles Dance Centre or an employee, contractor, or affiliate of Styles Dance Centre and during which The Student will receive Dance instruction and training. The Parent and The Student recognize that Dance requires physical exertion that may be strenuous and may cause physical injury or death, and The Parent and The Student are fully aware of the risks and hazards involved.
2. The Parent and The Student understands that it is The Parent's and The Student's responsibility to consult with a physician prior to and regarding The Student's participation in the Dance Classes. The Student represents and warrants that The Student is physically fit and has no medical condition that would prevent The Student's full participation in the Dance Classes.
3. The Parent and The Student agrees to assume full responsibility for any risks, injuries or damages, know or unknown, and expressly waives any and all claims against Styles Dance Centre or an employee, contractor, or affiliate of Styles Dance Centre for damages, and injury, including death, which The Student might incur before, during, or after participating in, arriving to, or leaving from Dance activities as a result of participation in Dance activities or ordinary negligence of Styles Dance Centre.
4. The Parent and/or The Student, heirs or legal representatives forever release, waive, discharge and covenant not to sue Styles Dance Centre or an employee, contractor, or affiliate of Styles Dance Centre for any injury or death caused by The Student's voluntary participation in the Dance classes.
5. The Parent and/or The Student hereby grants permission to Styles Dance Centre to take and use photographs and video of students for the purposes of recital, publicity, social media, and marketing.
6. The Parent and The Student has read the above release and waiver of liability and fully understand its contents. The Parent voluntarily agrees to the terms and conditions stated above. This agreement remains in effect for as long as The Student participates in Dance classes and for a period of six (6) months thereafter.

The Parent's Signature

(Date)

