PHDS RETURNING STUDENT REGISTRATION FORM AND LIABILITY RELEASE

Please complete and return this form to the studio with a $35 registration fee (cash or check) per dancer.

Dancer's Name*(Please Print)* : _____

Address: _____

City: _____ State: _____ Zip: _____ Age: _____ Date of Birth: _____

Father's Name: _____ Employer: _____

Work phone: _____Cell: _____ E-Mail: _____

Mother's Name: _____ Employer: _____

Work phone: _____ Cell: _____ E-Mail: _____

Academic School: _____ Upcoming School Grade: _____

Name of person to phone in an emergency if parent or legal guardian cannot be reached:

Name: _____ Relation: _____ Phone: _____

Physician: _____ Phone: _____

Allergies and Pertinent Medical History: _____

There are NO REFUNDS, CREDITS OR TRANSFERS TO ANOTHER SEMESTER. Once classes have begun, tuition is not refundable. Students who miss classes are still obligated for the full month's tuition.

LIABILITY RELEASE

In consideration of receiving permission to enter the Patty Harper School of Dance (the School), the undersigned hereby releases, discharges, and forever acquits the School and its respective agents, officers, directors, servants, and employees of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the undersigned and any participant in person at, in, or on the property of the School or a site away from the School at which a School performance is held while either participating in or being present at the School including, but not limited to, those injuries and damages caused by negligence, whether it be active or passive, gross, wanton, or ordinary on the part of the School, its respective directors, officers, agents, servants and employees arising while participating in or being present at the School, and regardless of the negligence, gross negligence, responsibility, or fault of the School or its employees, owners, or agents. This release shall be binding upon the assignees, suborders, distributes, heirs, next of kin, executors, and administrators of the undersigned and may be pled by the school in any claim, demand, action or cause of action made by or on behalf of the undersigned. By execution of this release, the undersigned hereby acknowledges and expressly represent that 1) He (She) is duly aware of the risks inherent upon entering the school; 2) He (She) elects voluntarily to enter, participate or be present at the school; 3) He (She) is over 18 years of age and of sound mind; or if he (she) is younger than 18 years of age, he (she) is represented by a parent or legal guardian who is over 18 years of age, and of sound mind who has read the foregoing release, understands it and signs it voluntarily.

The student and parent or legal guardian are familiar with and agree to terms of the school's policies and regulations:

_____ _____

Signature of Dancer **Date**

_____ _____

Signature of Parent or Legal Guardian **Date**

Please list the classes you are interested in registering for below. *Ex: Mary Monday 4:30 Ballet 6-8*

_____ _____

_____ _____

_____ _____

PATTY HARPER DANCE STUDIO
PHOTO, VIDEO, & DIGITAL MEDIA RELEASE FORM

I, _____, hereby ( ) grant ( ) DO NOT grant permission to Patty Harper Dance Studio ("PHDS") and its representatives the right to use my/my child's photographs and/or video footage of me/my child taken for use in promotional materials, including but not limited to newsletters, their website, social media platforms, marketing materials and advertisements etc.
I understand and agree that:

*PHDS owns all rights to the photographs and video footage and may use them for any lawful purpose.
*I waive any right to inspect or approve the finished product(s) and release PHDS and its representatives from any liability, including pursuing litigation, arising from the use of the photographs and/or video footage now or in the future, whether the use is known to me or unknown.
*I waive any right to royalties or other compensation related to the use of any image or footage.
*I am at least 18 years of age and/or the parent of a minor student and have the legal capacity to grant permission for the use of my image (or that of my minor child) and likeness.
*I acknowledge that I have read, understood, and agree to the terms of this release, and I voluntarily accept its contents.

Dancer's Name*(Please Print)* : _____

Address: _____

City: _____ State: _____ Zip: _____ Age: _____ Date of Birth: _____

Parent/Guardian's Name *(Please Print)*: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

_____ _____
Signature of Dancer **Date**

_____ _____
Signature of Parent or Legal Guardian **Date**