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|---|----------------|--------------------|-------------|
| Student Name: | | Age: | Birthdate: |
| Address: | | | |
| City: | | State: | Zip code: |
| Parent/Guardian: | | Email Address: | |
| Day Phone: | Evening Phone: | | Cell Phone: |
| Parent/Guardian: | | Email Address: | |
| Day Phone: | Evening Phone: | | Cell Phone: |
| Other Parent Address (If parents live at different addresses) Address/City/State/Zip: | | | |
| How did you hear about the studio?: | | | |
| <p>WAIVER OF LIABILITY AND ASSUMPTION OF RISK</p> <p>Dannsair promotes dance as an art form and emphasizes its physical aspects, including proper warm-up exercises. I, the undersigned, agree not to claim or demand any cost or expense or account in any way for personal injuries and/or property damage resulting to or sustained by, or which may in future result to or by the above student. The same is or shall be about the premises of Dannsair Dance Academy, either as spectators or as dancers, or dance students, or dance instructors. Furthermore, I hereby assume all the risks of personal injury to the above-named minor, or myself, while dancing, receiving dance instruction, or in any way otherwise engaged with dance or dance instruction at Dannsair Dance Academy. I, the undersigned, acknowledge the hazards in exercise programs and accept the risks involved and have discussed any special problems with my (or my child's) physician. I, the undersigned, also agree to indemnify, defend and hold harmless Dannsair Dance Academy, its employees, and instructors from any and all loss, liability, cost or expense, arising out of any or all dance and school related activities as a result of injury sustained in the prior.</p> <p style="text-align: right;">INITIAL _____</p> | | | |
| Conditions that might be helpful for us to be aware of (Dyslexia, ADD, Allergies, etc.): | | | |
| Emergency Contact other than listed above: | | Relationship: | |
| Day Phone: | Evening Phone: | | Cell Phone: |
| Student's Physician: | | Physician's Phone: | |
| Parent or Guardian Signature: | | | Date: |



PHOTOGRAPHY RELEASE FORM

I grant Dannsair Dance Academy, its representatives and staff the right to take photographs and/or video

of _____, in connection with the above identified subject.

I authorize Dannsair Dance Academy, its assigns and transferees to copyright, use and public the same in print and/or electronically.

I agree that Dannsair Dance Academy may use such photographs and/or video with or without name recognition for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature of Student/Parent/Guardian

Date

Printed Name _____

Email Address _____

Phone Number _____

* This form must be signed by a parent or legal guardian on behalf of all minor persons under the age of 18.