



*First Name _____ Middle _____ *Last Name _____
Preferred Name _____ * Birth Date _____ Sex ___ M ___ F
*Address _____
*City / State / Zip Code _____
*Phone Number: (C): _____ (H): _____
*Email Address _____
*Facebook Name _____

<u>*Parent / Guardian Information</u>	<u>*Emergency Contact (other than parent)</u>
Name _____	Name _____
Cell Phone# _____	Phone# _____
Home Phone# _____	
Work Phone# _____	

***Medical Information**

How did you hear about Studio? _____
Has the student had previous dance training? ___ Yes ___ No
Name of previous dance studio attended _____
Are you willing to receive e-mails about important studio activities? ___ Yes ___ No
(It is highly recommended that you check "Yes" as all updates, upcoming events, changes in schedule, and more are sent via e-mail).

* Important! Required to be filled.

Signature _____ Date _____



Studio Policies

Registration/Tuition:

The Registration Form must be signed prior to taking any classes or participating in any activities of Dance With Stars Studio along with ASSUMPTION OF RISK, PHOTO/MEDICAL RELEASE AND RELEASE/WAIVER OF LIABILITY Form. There is a registration fee of \$60.00 per person that is due at registration. If the student is inactive for more than 3 consecutive months, student must pay \$60.00 registration fee again. Tuition is not adjusted because of unattended lessons. There are no refunds or reduction in tuition for missed class. Students can make up missed classes by themselves during regular business hours whenever a dance floor is available. All tuition, private lesson packages and registration fees are non-refundable. A \$35.00 fee will be charged on all returned checks. All monthly payments are due by the 3rd of each month. There is a \$35.00 fee for payments received after the 3rd of each month.

Monthly Contract holders:

If at any time during your contract you or your children plan on being absent for up to 2 months (30 days minimum) you are required to give a 2 week notice to the DWS staff in order to avoid charges. In this case, you will need to request an “extended leave form” from the studio.

In case we do not receive a properly timed signed form, the last month deposit will be used as payment for the “absent month”. A new registration fee may be applied when you return.

General Rules:

No food, gum or drinks in the class. There is no smoking anywhere in the studio. Dance With Stars Academy reserves the right to bar any student from entering class or to remove any student from class due to disorderly conduct/disruptive behavior or for any other reason determined by management as unsuitable behavior. Dance With Stars classes are subject to cancellation or change of time or location based on management discretion. No dirty or hard-soled street shoes on the dance flooring. There will be times when the teachers will employ hands-on adjusting corrections to the students.

In Studio Policies:

For your child’s benefit and ability to focus for the whole class time; parents, family, and friends are not allowed to be present during class time. Parents and families are more than welcome to watch their student during open-for public practices that will be announced before hand by the coaches. Parents with children under 6 years of age are allowed to be present only with coaches’ approval.

In studio bathrooms are for staff and students only- this will prevent any delays in class times.

Make sure when you or your student go home they take their shoes and outfits home. This will prevent any losses and confusion amongst students.

If you or your child are disruptive to the class at any time, our coaches reserve the right to sit your child out or send you and your child home. No refund will be issued for that class.

Any adults who show up under the influence will be sent home immediately with no refund.



Liabilities:

It is not the responsibility of the instructor or studio for loss of, or damage to, materials or items left in the studio, dressing room, or other areas of the building. Please refer to ASSUMPTION OF RISK, PHOTO/MEDICAL RELEASE AND RELEASE/WAIVER OF LIABILITY form for more information.

Medical Insurance:

Dance With Stars Academy does not carry medical insurance for its students. It is required that all dance students be covered by their own insurance policies and if injury occurs it is understood that the students own policy is your source of reimbursement. ASSUMPTION OF RISK, PHOTO/MEDICAL RELEASE AND RELEASE/WAIVER OF LIABILITY must be signed before a student can dance at the studio.

Photo/Video:

Filming and/or photography of any sort are not permitted at any time in any dance class or lobby without manager's permission. The school is hereby granted permission to take photographs/videos of the students to use in brochures, web sites, posters, advertisements and other promotional materials the school creates. Permission is also hereby granted for the school to copyright such photographs in its name.

Cancellation Policy:

Students canceling a private lesson less than 24 hours before the scheduled time of the lessons are responsible for the full lesson fee.

Class Duration/Practice:

Private/Group lessons are 45 minutes.

Refund Policy:

There are no refunds on Private Lessons or on Group Class tuition. All sales are Final.

Disclosure of Personal Information:

All student information obtained by Dance With Stars Academy, its employees, contractors, owners and agents is stored in our database and will not be shared with any third parties.

We may use your personal information to send you periodic communications by e-mail and regular mail to keep you up to date on current events at Dance With Stars Academy and new programs, products or other opportunities that we may offer.

We do not sell any personal information to any third parties. Except for the very limited purposes discussed in this paragraph, we also will not share any of your personal information with third parties.

We may sometimes use other businesses to perform certain services for us, such as processing credit card payments, delivering our merchandise, sending postal mail and providing marketing assistance and data analysis. We may provide personal information to those businesses when that information is necessary for them to complete a requested transaction or otherwise perform their duties.



Those businesses will not be permitted to use your information for any purposes other than to perform their services for Dance With Stars Academy.

We do reserve the right to disclose visitor information in special cases when we have reason to believe that disclosing this information is necessary to identify, contact or bring legal action against someone who may be causing injury to or interfering with (either intentionally or unintentionally) our rights or property, other visitors, or anyone else that could be harmed by those activities. This includes our right to exchange information with other organizations in order to protect against fraud and to reduce credit risk. We also reserve the right to disclose visitor information when we believe in good faith that the law requires it. Customer information is generally one of the business assets involved in the sale of a business. In the event that Dance With Stars Academy or all of its assets were acquired, customer information would be one of the transferred assets.

Initials _____

Date _____



ASSUMPTION OF RISK, PHOTO/MEDICAL RELEASE AND RELEASE/WAIVER OF LIABILITY

Dance With Stars Academy, its affiliated entities, agents, employees and contractors, will be referred to as **DWS**.

ASSUMPTION OF RISK

I, _____, not a minor and I understand that by being a participant in **DWS** studio activities, my child or I:

- 1) will have the opportunity to participate in various activities, including dance classes, workshops, rehearsals, competitions, and performances, held at **DWS** Academy. *I understand that these activities may be held at different places where **DWS** may participate.* I will receive information and instruction about dance and other related activities. I understand that by participating in any of these activities, my child or I risk to a subjected to a variety of hazards and risks, foreseen or unforeseen, which may cause to my child or me to suffer property damage, injury or death (“DAMAGES”). I know that these DAMAGES can occur due to natural causes, the active or passive negligence of **DWS**, or the negligent or intentional acts of third parties and/or fellow participants. I understand that my child or I should therefore exercise extra care for my own person. My child or I choose to participate in **DWS** Academy activities, agree to pay the required costs therefore, and voluntarily assume the risks of such DAMAGES occurring while my child or I am participating in **DWS** Academy activities.
- 2) **DWS** may at times deliver participants to various third parties, who are not **DWS** employees, who will conduct, supervise, guide or instruct participants in various activities. **DWS** assumes no duty to certify, monitor or verify the qualifications of any third parties involved in these activities. Participants concerns regarding the qualifications of any third parties conducting these activities should be directed to the third parties. Participant agrees to release, indemnify and hold harmless **DWS** for liability for DAMAGES arising out of negligence of such third parties.
- 3) I recognize that dance and all related activities require intense physical exertion that may be strenuous and may cause physical injury and therefore involve unique risks of DAMAGES, and I am fully aware of the risks and hazards involved. I am satisfied with the condition of **DWS** Studio's facilities and hereby assume all the risks inherent in the activities there. I voluntarily assume the risks of any and all DAMAGES I may incur at **DWS** Academy, unless such DAMAGES are directly related to the negligent operation of the facilities by **DWS**.



PHOTO RELEASE

I hereby understand and am fully aware that the student/participant named below may be participating in **DWS** activities in which I and/or the student/participant named below may be photographed or videotaped (the Property) from time to time. I hereby irrevocably grant to **DWS** perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in **DWS** activities. I hereby agree that I will not bring or consent to others bringing claim or action against **DWS** on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or the student/participant named below, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release **DWS** its owners, members, Board of Directors, and all employees and agents of these parties from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against **DWS** in connection with the Property. This agreement shall not obligate **DWS** to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. **DWS** shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organization

MEDICAL RELEASE

I hereby authorize **DWS** its owners, members, Board of Directors, and all employees and agents of these parties to act for the student/participant named below according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. I authorize the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal and customary procedures.

RELEASE / WAIVER OF LIABILITY

- 1) In consideration of being accepted by **DWS** to participate in any activity, I hereby agree to hold **DWS**, its employees, agents, contractors or owners, harmless from any and all liability, action, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my **DWS** Academy activity. The terms of this agreement shall also serve as release and assumption of risk from my heirs, executors and administrators for all members of my family.
- 2) I further agree that this RELEASE and ASSUMPTION OF RISK AGREEMENT and WAIVER OF LIABILITY and PHOTO/MEDICAL RELEASE and is intended to be as broad as permitted under TEXAS law, and that if any portion thereof is held invalid, it is agreed that all other portions shall continue in full legal force and effect.



I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INFORMATION IN THE ASSUMPTION OF RISK, PHOTO/MEDICAL RELEASE AND RELEASE AND WAIVER OF LIABILITY AND AM WILLING TO COMPLY WITH THE POLICIES SET FORTH BY THE DANCE WITH STARS STUDIO, ITS OWNERS, DIRECTORS, AND EMPLOYEES, AND VOLUNTARILY AGREE TO SIGN THIS DOCUMENT.

Print Name of Participant/Student	Signature	Date
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IF THE PARTICIPANT IS A MINOR, THIS DOCUMENT IS TO BE SIGNED BY THE MINOR'S LEGAL GUARDIAN. BY SIGNING BELOW THE MINOR'S LEGAL GUARDIAN INDICATES THAT HE OR SHE UNDERSTANDS THAT "I" ABOVE REFERS TO BOTH HIM OR HER AND THE MINOR.

Print Name Of Guardian / Parent	Signature	Date
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