

Registration & Assumption of Risk / Release from Negligence Form

SWEATshop movement

Dancer's Name: _____ Dancer's Birthdate: _____

Parent/Legal Guardian Name: _____

Address: _____
Street Address City State ZIP

P/G Phone: _____ Dancer Phone: _____

Email: _____

Class(es) you are signing up for: _____

Are you Registering for: Full Year (Fall & Spring) Fall Only Spring Only Summer

Preferred Payment Method: Cash Check Credit Card PayPal

Does Your Dance Qualify for Free or Reduced Lunch*? Yes, Free Lunch Yes, Reduced Lunch No *(proof is required within first 3 weeks of class)

Would you like to opt for a Payment Plan: Yes, Monthly Yes, Quarterly [Full Year Registration Only] Yes, Bi-Session No, I'll Pay in FULL

SWEATshop movement frequently has to send materials home with your dancer, for your attention.

What is the best way to reach you with materials or questions? Email Phone Either Other: _____

SWEATshop movement has my permission to photograph or film my child during class or performance. Yes No

SWEATshop movement has my permission to use photos and/or film of my child in promotional materials. Yes No

How did you discover SWEATshop movement? _____

In exchange for permission for me and/or for my child to participate in SWEATshop movement programs and classes, I hereby grant the following release from liability on my own behalf and on behalf of my child:

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified above, release, discharge and hold harmless SWEATshop movement, its officers, directors, landlords and sponsors (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in SWEATshop movement's program or classes.

In consideration of mine or my child's being allowed to participate in the activity, I hereby release and forever discharge SWEATshop movement, their agents, and employees, and further covenant not to sue SWEATshop movement, their officers, agents, and employees for any injury which I or my child may sustain as a result of my participation of the above activity, and which results from causes beyond the control, and without fault or negligence of SWEATshop movement, their agents, and employees.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the program and classes offered by SWEATshop movement.

In the event that I and/or my child become ill or injured during or as a result of participation in SWEATshop movement programs or classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and /or the life and/or health of my child, I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

The undersigned by signing this release hereby certifies that the undersigned has read and fully understands the conditions herein provided.

Parent/Legal Guardian's Signature: _____ Date: _____