

*Lee Anne Stewart*  
**DANCE SCHOOL**

Student Waiver

Season/Year \_\_\_\_\_

Date Received by Studio \_\_\_\_\_

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent or Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Read and initial each section then sign and date this form. Students who do not have a completed paper or online waiver will not be permitted to participate in dance classes.

\_\_\_\_\_ When enrolling for Lee Anne Stewart Dance Schools' fall program, you are enrolling for the school year. You must return the official signed withdrawal form to the dance school if you do not intend to fulfill the school year commitment. You will be billed for 30 days after the withdrawal form is received at the dance school.

\_\_\_\_\_ Because you are holding a very valuable spot in our classes, there are no refunds available for any registration, tuition, or costume fees paid.

\_\_\_\_\_ Monthly payments are due by the 5<sup>th</sup> of each month, from September through May, and a \$5 late fee is applied to overdue accounts after the 9<sup>th</sup> of each month.

\_\_\_\_\_ **Photo Release:** The school is hereby granted permission to take photographs and videos of 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.

\_\_\_\_\_ **Parent's Responsibility to be Aware of Dates and Events:** It is the responsibility of the parent, guardian, or adult student to be aware of all school activities, such as rehearsals, shows, vacation dates, and weather related closings. The school will post all such notices at the dance school and on the dance school website, as well as sending notices home with the students and providing a calendar. It is the parent's, guardian's, and adult student's responsibility to regularly check these notices to ensure they are informed. It is the responsibility of parents, guardians, and adult students to inform the school of any address, email, or telephone number change.

\_\_\_\_\_ **Agreement to Participate and Liability Waiver:** I understand dance and related activities involve risk of injury. I agree I will not hold Lee Anne Stewart Dance Schools, Inc. (its owners, staff and related parties) responsible for injuries/damages incurred by any of my family members while participating or visiting the facility.

\_\_\_\_\_ **Authorization of Medical Care:** In case of injury or illness while participating, I authorize medical care for my child and accept responsibility for medical expenses.

\_\_\_\_\_ **Default:** In case of default of payment, I agree to pay any Legal Interest on the balance due together with any Collect Cost, reasonable Attorney Fees, and Court Cost incurred to collect this account.

**Dance Productions (please initial 1 option):**

\_\_\_\_\_ **Yes,** my child will be able to perform in the June dance production. I know this is a group performance, and I realize this is a commitment to the other dancers. I understand if conflicts arise, (e.g. vacations, school trips, camps, ball games, etc.) and my child fails to attend all required rehearsals, or if my child is absent 5 or more times between January and the dance production, they may not be permitted to participate in the dance production.

\_\_\_\_\_ **No,** my child will not be able to perform in the June dance production.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_