

## ARTS IN MOTION SIGNATURE PAGE

**RELEASE OF LIABILITY:** As the legal parent/guardian, I release and hold harmless Arts In Motion Studio of Dance, its owner, employees, teachers, and volunteers from any and all liability, claims, demands and causes of action whatsoever, arising out of related to any loss, damage, illness, or injury, including death, that may be sustained by the participant and or the undersigned, while in or upon the premises or any premises under the control and supervision of Arts In Motion.

I have read the above and agree \_\_\_\_\_ Date and Initial

**MEDICAL EMERGENCY:** As the legal parent/guardian, I give my permission to Arts In Motion Studio of Dance, its owner, employees, teachers, and/or volunteers to seek medical treatment for the minor I represent in the event they are not able to reach a legal guardian or parent. I have informed Arts In Motion staff of any physical/mental problems, restrictions or known medical conditions. I declare the participant to be in good physical and mental health.

I have read the above and agree \_\_\_\_\_ Date and Initial

**PAYMENT INFORMATION AND POLICIES:** General payments may be made by auto draft, check, cash, or credit card. All credit cards transactions will be accessed a processing fee. Tuition is non transferrable and non-refundable. Any delinquent payments will be accessed a \$15 late fee after the 20<sup>th</sup> of each month. All Tuition is due monthly. All monthly payments are the same regardless of the number of weeks danced in the month. All costume payments are non- refundable and must be paid in full before costumes can be distributed.

I have read the above and agree \_\_\_\_\_ Date and Initial

**PHOTOGRAPHY/VIDEOGRAPHY/SOCIAL MEDIA RELEASE WAIVER:** As the legal parent/guardian, I do hereby authorize Arts In Motion Studio of Dance, its owner, employees, teachers, and volunteers the irrevocable and unrestricted right to use, reproduce, and publish photographs and/or videos of my child for editorial, trade, advertising, or any other professional purpose or manner, format and/or medium. I hereby release the Arts In Motion Studio of Dance, its owner, employees, teachers, and volunteers from any and all claims, actions, and liability relating to its use of said photographs and/or videos.

I have read the above and agree \_\_\_\_\_ Date and Initial

**CANCELLATION POLICY:** All cancellations must be sent by email or written document. All tuition will be mandatory until the cancellation notification has been received by the Arts In Motion Studio business office and conformation has been received by the sender.

I have read the above and agree \_\_\_\_\_ Date and Initial

**CONDUCT POLICY:** Any participant with conduct that is inappropriate or unsuitable to the standards of The Arts In Motion Dance Studio will be dismissed immediately at the owners/directors of Arts In Motion's discretion. Any violation of The Kindness Claus can also result in dismissal. All paid tuition and/or fees will be paid in full at the time of dismissal.

I have read the above and agree \_\_\_\_\_ Date and Initial

**CELL PHONE AND KINDNESS POLICY:** By signing below I am signing that I have read and understand Arts In Motion's Cell Phone and Kindness Policy (available to read on our website) and social medial rules and request concerning use of cell phones.

I have read the above and agree \_\_\_\_\_ Date and Initial

**CHOREOGRAPHY:** As the legal parent/guardian I understand and acknowledge the fact that all choreography developed or taught by any Arts In Motion staff member is owned by the studio and protected by Federal Copywrite Laws. Permission must be obtained from Arts In Motion for any choreography to be reproduced in any way.

I have read the above and agree \_\_\_\_\_ Date and Initial

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

DANCER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_