

Sole Expressions Dance Studio

Participants Name	Age	Camp and preferred time slot (if appropriate)	Cost
1.			
2.			
3.			
4.			
		Total	

Guardian Name _____ **Relationship** _____

Address _____ **City** _____ **Zip** _____

Phone numbers
Home _____ **Cell** _____ **Work** _____

Active email address _____

Emergency contact

Name(s) _____ **Relationship** _____

Phone numbers
Home _____ **Cell** _____ **Work** _____

Name(s) _____ **Relationship** _____

Phone numbers
Home _____ **Cell** _____ **Work** _____

Additional Information. Please list any medical conditions or medications your child is taking that we should be aware of for their continuing safety.

Agreement to Follow Policies Form

I/We agree to read and follow the facility policies including prompt payment and understand the curriculum of Sole Expressions Dance Studio Cooperative. I/We take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Sole Expressions Dance Studio Cooperative. The policies can be found on our site at www.soleexpressions.org on the studio policies tab. A hard copy can also be obtained at the studio.

My signature is proof of my intention to execute a complete and unconditional agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or Guardian: _____ Date: _____

Dancer's Name: _____

Photo and Video Release Form

I authorize and agree that Sole Expressions Dance Studio Cooperative, Hazel Media, LLC, and Artistic Video Productions may take and use **photographs** or **videos** of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or Guardian: _____ Date: _____

Dancer's Name: _____

WAIVER AND RELEASE OF LIABILITY

I, _____ [print your name] have chosen to have my child(ren)

_____ [print child's name],

_____ [print child's name],

_____ [print child's name],

_____ [print child's name],

participate in dance instruction given by Sole Expressions Dance Studio Cooperative and agree as follows:

I am aware of the risks inherent in dancing. Injuries might result from direct trauma, or overuse, of feet, ankles, lower legs, low back, hip, and neck. Injuries might include stress fractures, tendon injuries, meniscus tear of the knee, sprains and strains. Additionally, slips and falls on a hard floor may cause injuries to the face including broken teeth.

I am aware of the risk that these and other injuries might be caused by the negligence of teachers and staff members of Sole Expressions Dance Studio Cooperative.

I acknowledge and am aware of the contagious nature of COVID-19 and voluntarily assume the risk that we may be exposed to or infected by COVID-19 by participation. This exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while at Sole Expressions Dance Studio Cooperative may result from the actions, omissions, or negligence of ourselves and others, including, but not limited to Sole Expression Dance Studio Cooperative employees, volunteers, and program participants and their families.

I, on behalf of myself and my child(ren), hereby release, waive and discharge Sole Expressions Dance Studio Cooperative, its teachers and staff members, from liability for negligence causing personal injury, death, or property damage to my child while participating in dance instruction including events held outside the studio.

I have considered that without this waiver of liability, the cost for my child's/children's use of the facility and participation in the dance class would be considerably higher and as I do not wish to pay a considerably higher cost, I waive the right to bargain for different waiver of liability terms. I freely choose to sign this release and pay the fee to enroll my child(ren) in the dance class.

Signature of Parent or Guardian:

Date: _____

We use Remind as our main source of communication. If you haven't signed up in the past, please do so by using the text, website, or QR code. Please keep for your reference.

TEXT

Text @solee to the number 81010

They'll receive a welcome text from Remind.

If anyone has trouble with 81010, they can try texting @solee to (469) 518-2771.

WEBSITE

<https://www.remind.com/join/solee>

QR CODE

