

Please fill out the following information so that we may act quickly in the event of an emergency Emergency Contact (in the event that the parents cannot be reached):

Name: _____ Phone # _____ Relation to Child _____

Doctor's Name: _____ Phone # _____

Permission to Treat:

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Signed: _____

Payment of Tuition

Tuition is due by the first summer class. If the accounts are not paid after the tenth of the month, there will be a \$10.00 late fee for every week the balance goes unpaid. There is a \$30.00 returned check charge for any checks returned by the bank.

I've read the above and agree.

Acknowledgment of Risk and Waiver of Liability:

As legal guardian of _____, I hereby consent to the above person participating in Sharper Image Performance Dance Studio, Inc.'s programs. I recognize that potentially severe injuries can occur in dance activities. I certify that I have consulted a physician, to the extent that I deem appropriate, concerning my child's participation in this activity. I represent to Sharper Image Performance Dance Studio, Inc. that my child is medically fit to participate.

Upon registration for the Summer 2018 session, I as a participant (or as a guardian of a participant taking dance, under 18 years of age) at Sharper Image Performance Dance Studio Inc., do hereby fully release and discharge Sharper Image Dance, their officers, faculty and employees from any and all claims for injuries, damage or loss which I may incur on account of my participation in class. I also understand publicity photos may be taken at anytime throughout the semester, but will not be published without my consent.

This acknowledgement of risk, studio policies and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature: _____

Date _____