



2017 Summer REGISTRATION FORM
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Student's Full Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail Address: _____

Allergies/Illnesses: _____

Class	Day	Time	Tuition

+ \$25 Reg fee Dance
 (\$30 family Reg fee)Dance
 \$45 Reg fee Tumbling
 (\$70 family Reg. fee) Tumbling

Total = _____

How did you hear about Sharper Image Performance Dance Studio?

(Circle one) Newspaper Friend Phone Book Online

Sharper Image Performance Dance Studio, Inc.
 6621 W. Gulf to Lake Hwy.
 Crystal River, FL 34429
 352-563-5550
www.sharperimagedance.com

***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 of each month. 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 \$35.00 returned check charge for any checks returned by the bank for any reason. Your child will be unable to continue dance until all accounts are paid up.

When costumes are ordered, I agree to pay the full amount of the costumes at the payment time. If my child drops or decides to not participate in the recital and costumes have been ordered for my child, I will still pay the amount of the costumes in full and receive no refunds.

Upon payment of the recital and registration fee, I agree to pay the full amount with the intention of my child participating in the recital. I understand that if my child does not participate in the recital, I will forfeit my recital fee and not be refunded for any purpose.

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 2017 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.

I understand that during open studio/rental times my child will be dancing at their own risk and Sharper Image will not be responsible for any injuries. I will monitor my student during these times and prevent any injuries or horseplay that may occur during open studio.

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 _____

SHARPER IMAGE PERFROMANCE DANCE STUDIO, INC.
ACROBATICS- DISCLAIMER FORM

Release and Waiver of Liability and Indemnity Agreement - (Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Gymnastics Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below gymnastics activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in gymnastics events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the gymnastics facility used by the participant, including it owners, managers, promoters, lessees of premises used to conduct the acrobatic event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the acrobatics facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee"...From all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next to kin For any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the events(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I/We HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUEOPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partners(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releasees, the parents(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf , and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Sharper Image Performance Dance Studio. Inc. _____

Student Signature _____

Parent or Guardian Signature (if minor) _____

Printed Name of Participant

Address of Participant

Received by

Registrar Signature Printed Name Date