

**La Roche Academy of Dance - Summer Intensive Registration and Waiver**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Registering for: **Level 1-3 (Age 5-9):** \_\_\_\_\_ (9:30am) OR **Level 4-6 (Age 10 & Up):** \_\_\_\_\_ (12:30pm)

Parents' Names: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Home

Mom's Cell

Dad's Cell

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please describe any allergies, disabilities, etc., if any, that the studio or instructors should be aware of:

\_\_\_\_\_

I understand and agree that in participating in any dance class, workshop, rehearsal, or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to my child or me during any of La Roche Academy of Dance's classes, rehearsals, performances, or activities. I also exempt, release, and indemnify La Roche Academy of Dance, its owners, agents, instructors, volunteers, assistants, employees, guest artists, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by La Roche Academy of Dance and its affiliates. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold La Roche Academy of Dance's, agents, instructors, volunteers, assistants, employees, guest artists, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. This consent form also gives permission to seek whatever medical attention is deemed necessary, and releases La Roche Academy of Dance and its staff of any liability.

Permission is granted to La Roche Academy of Dance to use photographs of my child for publicity purposes (without names listed).

**I have read, understood, and agree to be bound by the above statements:**

**PRINTED (parent):** \_\_\_\_\_

**SIGNED (parent):** \_\_\_\_\_

If under 18, parents or legal guardian must sign

**FOR:** \_\_\_\_\_ **DATED:** \_\_\_\_\_

**(Name of Student)**