

**TWO PAGES FRONT AND BACK**

**BALLET ARTS OF BUCKS COUNTY 2024-2025**  
**WAIVER AND RELEASE OF LIABILITY STATEMENT OF AGREEMENT**

**Please check boxes or initial box, if agree:**

- I have read and understand the Ballet Arts of Bucks County (BABC) tuition policies and Studio Rules and Guidelines/Student Handbook (copies available online <https://www.balletarts.com/student-policies> and hardcopies at the studio by request)
- Student/Parent/Guardian signing below understands that dance instruction requires physical exertion. Student/Parent/Guardian also is aware there is some risk of injury that may result during instruction, including but not limited to as a result of physical contact with other students, instruction, fixed or moveable objects or the condition of the floor. Ballet Arts of Bucks County (BABC) shall not be responsible for injuries, loss or damages suffered by the student, caused or alleged to be caused by the negligence of BABC. Further, I understand and accept that in order to be taught effectively, the student's dance training may involve the use of touch by the faculty members as a necessary tool for correct placement, lines, and positions. The student is expected to maintain acceptable behavior within the classrooms, corridors, and dressing rooms. I understand and accept that all students must adhere to the standards of behavior set forth by the faculty, as well as the written studio guidelines.
- I hereby waive all claims against BABC and also agree to hold BABC harmless from any and all claims, costs, liabilities, expenses, or judgements, including attorney fees and court costs (herein collectively called "claims") arising out of the student's participation in BABC's programs and productions. For any illness (including but not, limited to COVID-19) or injury resulting therefrom, I hereby further agree to indemnify and hold harmless the BABC staff, faculty, and officers as to any and all claims. Student/Parent/Guardian signing below understands that dance instruction requires physical exertion. Student/Parent/Guardian also is aware there is some risk of injury and/or illness that may result during instruction, including but not limited to as a result of close proximity and physical contact with other students, instruction, fixed or moveable objects or the condition of the floor. Ballet Arts of Bucks County (BABC) shall not be responsible for injuries or illness, loss or damages suffered by the student, caused or alleged to be caused by the negligence of BABC. Further, I understand and accept that in order to be taught effectively, the student's dance training may involve the use of touch by the faculty members as a necessary tool for correct placement, lines, and positions. I understand and accept that all students must adhere to the standards of behavior set forth by the faculty, as well as the written studio guidelines. I hereby waive all claims against BABC and also agree to hold BABC harmless from any and all claims, costs, liabilities, expenses, or judgements, including attorney fees and court costs (herein collectively called "claims") arising out of the student's participation in BABC's programs and productions. For any illness or injury resulting therefrom, I hereby further agree to indemnify and hold harmless the BABC staff, faculty, and officers as to any and all claims.

**BALLET ARTS OF BUCKS COUNTY ADULT BALLET CLASS/ CLASS CARD AGREEMENT 2024/2025**

The following policy applies to adult ballet class cards:

- All class cards will be kept by BABC (Ballet Arts of Bucks County) digitally through the portal. You can purchase new cards with cash, check, credit/ACH through portal or venmo.
- One excused absence for each registered class with no mark off the class card.
- Subsequent absences for each class will be marked off your class card.
- After 3rd absence, the studio will contact you to be sure you still want the spot, and if not your spot in class will be released to someone on waitlist.
- After completion of a class card, you have two weeks to purchase a new card to hold your registered spot. After two weeks with no class card on file, your spot in class will be given to the next person on the waitlist.

If you are interested in dropping in, you can always contact Kathleen (215)896-3138 in advance to see if the class has openings, no guarantees.

I agree with all the above statements:

**\*Today's DATE:** \_\_\_\_\_

**\*PRINT STUDENT NAME:** \_\_\_\_\_

**\*SIGNATURE (Parent or Guardian Signature, if under 18 years of age):**

\_\_\_\_\_  
(As parent or Guardian, I represent that I have legal capacity and authorize to act on behalf of the minor named herein)

**REGISTRATION INFORMATION (if current student, please only submit if changes since last year)**

**\*EMAIL:**

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**\* Best Phone Number to reach: (if under 18, please also list parent phone number)**

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**\* Additional Emergency Contact Name and Phone:**

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**\* Please list any allergies or injuries the studio should know about:**

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**\*Print and return to studio or email scan to [kathleen@balletarts.com](mailto:kathleen@balletarts.com) before first class\***