TWO PAGES FRONT AND BACK

BALLET ARTS OF BUCKS COUNTY 2023/2024 WAIVER AND RELEASE OF LIABILITY STATEMENT OF AGREEMENT

Please check boxes or initial box, if agree:

gree with all th	he above statements:	*Today's DATE:
	If you are interested in dropping in, you can a openings, no guarantees.	always contact Kathleen (215)896-3138 in advance to see if the class
•		o weeks to purchase a new card to hold your registered spot. After class will be given to the next person on the waitlist.
_	released to someone on waitlist.	
•	Subsequent absences for each class will be a After 3rd absence, the studio will contact you	marked off your class card. u to be sure you still want the spot, and if not your spot in class will
•	One excused absence for each registered cla	
•	All class cards will be kept by BABC (Ballet Al cards with cash, check, credit/ACH through p	rts of Bucks County) digitally through the portal. You can purchase portal or venmo.
_	ollowing policy applies to adult ballet class card	
progran		cively called "claims") arising out of the student's participation in BA sulting therefrom, I hereby further agree to indemnify and hold hai laims.
against	BABC and also agree to hold BABC harmless	from any and all claims, costs, liabilities, expenses, or judgements,
		nes, and positions. I understand and accept that all students must aculty, as well as the written studio guidelines. I hereby waive all cla
accept	that in order to be taught effectively, the stude	ent's dance training may involve the use of touch by the faculty
		ks County (BABC) shall not be responsible for injuries or illness, loss o be caused by the negligence of BABC. Further, I understand and
but not	t limited to as a result of close proximity and ph	risk of injury and/or illness that may result during instruction, inclunysical contact with other students, instruction, fixed or moveable
all claim	ns. Student/Parent/Guardian signing below un	derstands that dance instruction requires physical exertion.
		uctions. For any illness (including but not, limited to COVID-19) or in ify and hold harmless the BABC staff, faculty, and officers as to any
expense	es, or judgements, including attorney fees and	court costs (herein collectively called "claims") arising out of the
☐ I hereb	by waive all claims against BABC and also agree	e to hold BABC harmless from any and all claims, costs, liabilities,
	cept that all students must adhere to the stand	dards of behavior set forth by the faculty, as well as the written stud
		nembers as a necessary tool for correct placement, lines, and position vior within the classrooms, corridors, and dressing rooms. I underst
by the r	negligence of BABC. Further, I understand and	accept that in order to be taught effectively, the student's dance
		d or moveable objects or the condition of the floor. Ballet Arts of Bu as or damages suffered by the student, caused or alleged to be cau
_		that dance instruction requires physical exertion. Student/Parent/ may result during instruction, including but not limited to as a res
Charles	A/Down A/G constitution in the leavest design to the	that days is the time of the first of the time of time of the time of the time of time of the time of the time of the time of
	(
_		ounty (BABC) tuition policies and Studio Rules and Guidelines/Stuc arts.com/student-policies and hardcopies at the studio by request)

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

*EMAIL:	
* Best Phone Number to reach: (if under 18, please also list parent phone number)	
* Additional Emergency Contact Name and Phone:	-
* Please list any allergies or injuries the studio should know about:	

Print and return to studio or email scan to kathleen@balletarts.com before first class