



UTAH DANCE ARTISTS 2016-2017 SCHOOL POLICIES

BILLING PROCEDURES, REGISTRATION FEES, WAIVERS AND RELEASES

I agree to maintain an Active Credit Card on file. I understand that this card will be billed on the **First Business Day** of every month when a balance remains on my Utah Dance Artists account. Accountholders may choose to pay by cash or check if payment is made **prior** to the close of business on the **last business** day of each month.

Upon registration, I agree to pay a \$30 Registration Fee per student or \$75 Family Registration Fee, whichever is less. I also agree to pay a Non-Refundable Deposit which is equivalent to 1/2 of my account monthly tuition. This deposit will cover June's tuition.

I agree to provide and maintain Accurate Information for myself and all dancers associated with my Utah Dance Artists account.

Circle One: Visa MasterCard Discover

Card Number _____ Exp. Date: _____

CVS Code: _____ Cardholder's Signature _____

LEGAL WAIVER

I hereby release Utah Dance Artists, Brooke Maxwell and all UDA Staff and Faculty Members from any and all claims of damage or injury suffered by myself and registered students in connection with or by the association of Utah Dance Artists. This includes my heirs who may not act in my behalf. By enrolling the registered student(s), I certify that they are in good physical condition and able to participate in the activities that have been or will be scheduled. I understand and assume all risks involved in connection with dance instruction, rehearsal and training at Utah Dance Artists including, but not limited to, risk of bodily injury occurring as a result of contact with other students, instructors, walls, equipment, floors, supplies and other objects on the premises of the Dance Studio. I understand that any injuries that may occur are the sole responsibility of me, the parent/legal guardian, of the above registered student(s). I further understand that I, as the responsible party, must carry my own insurance and that dance classes are taken at my own risk and I accept this responsibility.

MEDICAL RELEASE

I hereby give permission for any and all medical attention to be administered to my child(ren) in the event of an accident, injury, sickness, etc., under the direction of a physician or emergency personnel, and at the necessary emergency facility until I may be contacted. I also assume responsibility for the payment of any and all such treatment.

MEDIA & TEXT RELEASE

- 1.) I authorize UDA and/or Don Polo Photography to photograph/videotape the individual dancer(s) listed above in promotional material.
- 2.) I authorize UDA to use "Parent 1" cell phone number to text important studio information, such as class cancellations, schedule changes, etc. This will not be used for advertising or sales purposes.

Parent/Guardian Signature: _____ Date: _____