



New/Returning Student REGISTRATION AND RELEASE FORM

TODAY'S DATE _____ CLASS REGISTERING FOR: _____ Studio: _____

STUDENT'S NAME _____ HOME PHONE _____

ADDRESS or BOX _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Yes _____ No _____ I can get ALL flyers & information by email from now on about Footlight Dance.

PARENT - MOTHER _____

PARENT - FATHER _____

ADDRESS (if different) _____

STUDENT'S AGE & BIRTH DATE _____

CURRENT LEVEL OF SCHOOL _____

BUSINESS PHONE _____ mom cell _____ dad cell _____

EMERGENCY CONTACT _____ PHONE _____

FISCAL RESPONSIBLE PARTY - Name _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I agree to take all and total responsibility on financial payments.

SIGNED : _____ DATE _____

Footlight Dance Centre instructors will take all precautions to prevent accidents. They will administer simple first aid to all minor injuries.

Medical Consent: In event of injury, I hereby authorize the program officials/instructors of Footlight Dance Centre to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release Footlight Dance Centre and all others from all liability in taking such action, including all action which may be contrary to personal religious beliefs. I the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with knowledge of its significance.

Liability Release : I do hereby agree to release Footlight Dance Centre and all other cooperating agencies, employees, official instructors or managers thereof, from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in this program.

SIGNED : _____ DATE _____

Note : Please list any old/reoccurring injuries, and any special problems or medication a student may have.

Photo Release : I, the undersigned, hereby give Footlight Dance, permission to use the photographs, motion pictures or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negatives, and copies. I waive the right of prior approval and hereby release Footlight Dance, its agents, and/or assignees from any and all claims from damages of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

Signature of Parent/Guardian _____ Date _____

Hilarie Neely, Director P.O. Box 3593 Ketchum, Idaho 83340

www.footlightdance.com



COVID – 19 Liability Waiver for participation in a Footlight Dance Program

Date: _____

Parent Name: _____

Dancer Name: _____

All participants and/or legal guardians agree to the following:

In consideration of accepting this registration and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) Footlight Dance Centre, clients, agents and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of Footlight Dance Centre, clients, agents or employees, arising out of or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous, and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract.

Footlight Dance Centre is doing everything we can to protect you the public as well as our faculty and staff. To this extent, we are following the Center of Disease Control (CDC) and local health department guidelines with regard to social distancing practices in order to reduce the spread of COVID-19. This will require our faculty and staff to maintain six (6) feet of distance between ourselves and you, the client as much as possible. We will also be requiring this same procedure for client-to-client contact in order to limit the exposure to all individuals.

We will require all individuals (faculty, staff, and clients) to utilize either surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to yourself and others. It is also required of everyone to either wash or sanitize their hands entering and exiting the building, after using the restroom, sneezing, coughing, and before eating meals.

If we all work together, we can overcome the spread of this virus as well as other infectious diseases. We welcome you to our dance studio. By signing below, you agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from faculty, staff or volunteers may result in your removal from the premises.

Signed: _____ Dated: _____

I have also read the Parent summer - fall Additional COVID protocols for attending classes and will follow the guidelines for health safety in the dance studios. Signed: Initials _____