# **Dance Magic and The Ballet School**

369 N 100 W Ste #4 Cedar City, UT 84721 (435)463-1969 www.mydancemagic.com

## **Master Class Participation Form**

Dancer's Name		Age	
Parent/Guardian Name (if applicable)			
Address	City, State, Zipcode		
Home Phone Number	Cell Phone Number		
Email Address ( <i>required</i> ) Emails will not be shared. Most communication will be sent via	email. It is important to add newsletter@n	nydancemagic.com to your email safe list.	
Check Master Class(es) you plan on attendi	ng		
Int/Adv Student Contemporary	Int/Adv Ballet	Int/Adv Adult Contemporary	
In case of Emergency Contact		Phone	
Master Class Cost: \$20 for	pre-registration (cost a	t the door is \$25)	

### Waiver and Release of Liability & Membership Agreement

In consideration of being allowed to participate in any way in dance classes at Dance Magic and/or The Ballet School, parades, trips, and any related activities, the undersigned:

- 1- Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses, which might result not only from their own action, inactions or negligence but the actions, inactions or negligence of others; further, that there may be other risks not known to us or not reasonably foreseeable at this time;
- 2- Assumes all foregoing risks and accept personal responsibility for the damages following such injury, personal disability or death;
- 3- Intending to be legally bound, does hereby release, waive, discharge, and covenant not to sue Dance Magic and/or The Ballet School, their respective administrators, owners, directors, coaches, teachers, assistants, and other employees and volunteers of the studio, other participants, sponsoring agencies, sponsors, chaperones, or leasers of premises, all of which are hereinafter referred to as releasees, from any and all liability to each of the undersigned, their next of kin for any claims, demands, losses, or damages on account of injury, including death or damage of property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise in connection with association or entry in and /or arising out of traveling to, participation in, and returning from competition from any event or on a scheduled trip.
- 4- Agrees not to hold Dance Magic and/or The Ballet School or any releasees liable, responsible, nor will sue the afore mentioned releasees for any injuries, problems, arrests, abduction, runaways, or misplacement of students.
- 5- Has read and agrees to all policies and procedures as listed on Dance Magic's website; gives permission for photographs of the person(s) listed above to be published on the Dance Magic website or as a Dance Magic advertisement. Understands that these photos may be viewed by the general public, but no identifying information will be given.
- 6- If a participant is found breaking the law in any way, the parent/guardian will immediately come and pick up their child regardless of the location, and resolve the problem.
- 7- Agrees to pay fee for said Master Class in full.

### Adult Participant Signature

OR

Parent/Guardian Signature

Date	Sign	ed
Date	DIGI	uu

Office Use:					
Check Payment Type:	Cash	Card	Check #		