



ASPIRATIONS DANCE COMPANY
REGISTRATION FORM
350 S. Main St, Lombard, IL
Call or Text 224-231-9157
EACH STUDENT REQUIRES A SEPARATE FORM

Dancer Information

Dancer Full Name: _____

Age: _____ Date Of Birth (MM/DD/YYYY): ____/____/____

Medical Conditions/Allergies: _____

Parent/Guardian Information

Parent or Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Emergency Contact

Full Name: _____ Relationship to Dancer: _____

Phone Number: _____

Class Enrollment

Class	Day Of The Week	Start Time

Tuition

Total Number Of Classes: _____

Amount of Discount: _____

Total Monthly Tuition: \$_____

See Reverse Side

Please see the reverse side for Studio Policies and Waiver.



ASPIRATIONS DANCE COMPANY

PARENT/GUARDIAN WAIVER

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Photo Release

I am aware that individual and group publicity photos and videos are taken by Aspirations Dance Company from time to time and in consideration for my or my children(s) participation, I hereby grant Aspirations Dance Company, its legal representatives and assigns (including any agency, client or publication) permission for my child(ren)'s likeness to be used in Aspirations Dance Company publicity or advertising, without payment or consideration. I understand that these materials become the property of Aspirations Dance Company. I hereby irrevocably authorize Aspirations Dance Company to edit, alter, copy, exhibit, publish or distribute this photo for the purposes of publicizing Aspirations Dance Company's program and services. In addition, I waive the right to inspect or approve finished product, including written or electronic copy, wherein my or my child(ren)'s likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release forever discharge Aspirations Dance Company from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on me or my child(ren)'s behalf or on behalf of my estate have or may have by reason of this authorization

MEDICAL AUTHORIZATION

I have noted any medical/health problems of which the staff should be aware in the attached registration form. In the event of an accident or emergency, I hereby authorize myself or my child(ren) to be transported to a hospital for medical treatment and I hold Aspirations Dance Company and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) because of any injury sustained while participating at or for Aspirations Dance Company.

PARENT/GUARDIAN WAIVER

In consideration for allowing the Participant(s) to enroll in classes offered by Aspirations Dance Company, which shall include its directors, officers, owners, employees, agents, guides, and volunteers, and to participate in the activities provided or arranged by Aspirations Dance Company, the Undersigned, individually and on behalf of the Participant(s), and our general representatives, heirs, next-of-kin, spouse, and assigns, hereby:

1. Acknowledges that dance & tumbling lessons and all associated activities, and use of Aspirations Dance Company's facilities, equipment and gear (collectively, "Activities"), may be dangerous and involve risks that may cause serious injury and in some cases death, because of the hazards including without limitation:

1.1 Accidents involving head or spine injuries or other bodily injuries.

1.2 Contact with other students, Studio Personnel, or individuals

2. Voluntarily assumes the risk and danger of injury or death inherent in the participation of activities.

3. RELEASES, DISCHARGES, AND PROMISES NOT TO SUE Aspirations Dance Company for any loss, liability, damage, or cost whatsoever arising out of the related to any loss, damage or injury (including death) to the Undersigned, the participant(s) or their personal property.

4. RELEASES Aspirations Dance Company from any claim of negligence in connection with the Participant's participation in the Activities, including, but not limited to training, stretching, tumbling, maintenance, care, equipment or gear, condition of facilities, or supervision of the Participant(s) or the other participants.

5. INDEMNIFIES, SAVES AND HOLDS HARMLESS the school from and against any loss, liability, damage, or cost arising out of or in any way connected with participant's(s') participation in the activities, use of the school's facilities, equipment and gear, or any acts or omissions of the participant(s), the other participants, Studio personnel, or any other person or entity.

6. Agrees to abide by and follow any instructions given or rules established by Aspirations Dance Company regarding the activities or participant's(s') use of the facilities, equipment, or gear.

7. Cameras and videos are NOT permitted in the dressing rooms, locker rooms, or bathrooms. Cameras and videos are permitted by use of only the parent/guardian.

8. Expressly agrees this Release is governed and is intended to be as broad and inclusive as permitted, by State Law. If any portion of this Release is declared invalid, illegal, or unenforceable, the validity, legality, and enforceability of the balance of the Release shall not be affected or impaired in any way and shall continue in full legal force and effect.

9. Understand and agree the Release is a contract. If a lawsuit or proceeding is filed against Aspirations Dance Company for any injury or damage in breach of this contract, the Undersigned will pay all reasonable attorney's fees, costs and expenses incurred by Aspirations Dance Company in defending the lawsuit or proceeding, including attorney's fees, costs and expenses incurred in collecting upon any judgement, order, or award.

RELEASE, INDEMNIFICATION AND COVENANT TO SUE

In consideration for the minor(s) identified in this registration from being permitted by Aspirations Dance Company to participate in the Activities, and to use Aspirations Dance Company's facilities, equipment and gear, I agree to the following waiver, release and indemnification:

I HAVE READ THE ABOVE POLICY, RELEASE AND WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I UNDERSTAND IT IS THE SCHOOL'S INTENT IN WHICH I CONCUR, TO AVOID ANY AND ALL LIABILITY, LOSS, CLAIMS DEMANDS OR DAMAGES, WHETHER KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN BY OR THROUGH ME, THE PARTICIPANT(S) OR ANY THIRD PARTY, ARISING OUT OF OR RELATING TO THE PARTICIPANT'S (S') PARTICIPATION IN THE ACTIVITIES OR USE OF THE SCHOOL'S FACILITIES, EQUIPMENT OR GEAR, OR MY ENTERING THE SCHOOL'S PREMISES, OR USING ITS FACILITIES, EQUIPMENT OR GEAR. I FULLY REALIZE PARTICIPANT(S) MAY SUSTAIN DAMAGES, INJURIES, LOSSES OR LIABILITY RESULTING DIRECTLY OR INDIRECTLY FROM PARTICIPATION IN THE ACTIVITIES, OR USING Aspirations Dance Company'S FACILITIES, EQUIPMENT OR GEAR. BY EXECUTING THIS DOCUMENT, I FULLY INTEND, INDIVIDUALLY AND ON BEHALF OF THE PARTICIPANT(S), TO RELEASE Aspirations Dance Company FROM ANY AND ALL SUCH DAMAGES, INJURIES, LOSSES, OR LIABILITIES WHETHER ARISING FROM NEGLIGENCE OR OTHERWISE.

Signature: _____ Date (MM/DD/YY): _____/_____/_____