



DANCE EMPIRE

8853 SW 132 Street, Miami, FL 33176
305-232-5573 / (Fax) 305-254-1021

SUMMER 2024

Last Name: _____ Home Phone: _____
Address: _____ E-Mail: _____
City: _____ State: _____ Zip: _____

Student Name: (1) _____ Student Birth Date: _____
(2) _____

Parent 1 Name: _____
Cell Phone: _____

Parent 2 Name: _____
Cell Phone: _____

Allergies/Medical Problems/Physical Disabilities: _____

How did you hear about Dance Empire? Be Specific.

Newspaper: _____ Driving By: _____
Word of Mouth: _____ Other: _____
(Who): _____

Waiver of Liability

The undersigned hereby waives any liability against Dance Empire, Inc. d/b/a Dance Empire; hereinafter referred to as Dance Empire, its administrators, agents, assigns, and all other persons, firms, corporations and educational institutions, who it might claim to be liable while acting within the scope of Dance Empire's activities, from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever on account of all injuries, both to person and property, which may in the future result from any accident which might occur as a result of any social, educational, athletic, or any other event or activity sponsored, participated in or conducted by Dance Empire. The undersigned hereby declares that the terms of this waiver have been completely read and are fully understood and voluntarily accepted for the purpose of allowing me, my child and/or surrogate to either attend classes, participate in events or travel with Dance Empire or its agents and /or employees, for the express purposes of precluding forever any future claims arising out of any possible accident suffered by the undersigned's child, surrogate or nominee, as the case may be. This waiver is binding on my heirs, executors, assigns and administrators. This is a voluntary waiver and the undersigned is aware of the risks of attending and participating in social, athletic and all other events and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown. Lastly I understand that the studio is taking every precaution possible and following guidelines from the CDC and that dancers are being screened before entering the studio and that Dance Empire will not be held liable if the dancers get Corona Virus.

I have read and understand all of the above on this the _____ Day of _____, 20 _____

Parent or Guardian Signature: _____

Credit Card Agreement Policy

I hereby allow Dance Empire to maintain on file my credit card information. For regular dance classes I understand that I will be charged only two months over the summer; one on June 9th and one on July 14th 2025. We do have a five-day grace period, and after the 5 days late you will be charged a \$25 late fee. For those attending camp or intensives, I understand that Dance Empire will automatically charge my credit card the first day of each week of summer camp or of the summer intensive attended, the amount agreed upon in this contract. I understand that after the 2nd day of each week attended if payment hasn't been made I will automatically be charged an additional \$10 late fee per child. I understand that any changes to my account shall be made in writing. Should you fail to notify us in writing to not charge your card as previously agreed, Dance Empire shall not be responsible for refunding monies. This includes dropping classes, switching classes, etc. I understand there will be NO REFUNDS, CREDITS, or EXTENDED PAYMENTS for missed classes. Upon registration; you will be charged a session registration fee of \$100 for the Summer Term.

At no time is the registration fee refundable, even if classes are dropped entirely or never attended.

This agreement is in effect from the signature date until the last day of our summer session in August 2024.

I have read and understand all of the above on this the _____ Day of _____, 20 _____

Parent or Guardian Signature: _____ Weeks Registering for: _____

Credit Card Information: MasterCard, Visa, or American Express

Name (as it appears on Card) _____
Card # _____
Expiration Date _____ Signature Panel Security Code: _____
Billing Address: _____ City _____ St: _____ Zip: _____
Phone Number: _____
Cardholder's Signature: _____