

-Southold Dance Theater-

# Trial Class Registration

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Class Attending: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Release of Liability**

I understand that the art of dance and the nature of dance instruction may sometimes require a teacher to touch/correct my child/me. I also understand that this will happen in a caring, gentle, and appropriate manner.

I further acknowledge that training and performing dance is a potentially hazardous activity. I also understand that such activity involves risk of injury and that I am voluntarily participating or voluntarily enrolling my child with the knowledge of the dangers involved. I hereby agree to expressly assume and accept full responsibility for the risks of bodily injury which may be sustained while participating in any activity with Southold Dance Theater.

I also agree that I have read and fully understand the current SDT Guidelines and Policies and that if I choose to participate or to allow my child to participate in any of SDT's activities, such policies would be fully respected.

IN CONSIDERATION for dance instruction or participating in SDT's classes and performances by my child/myself, I release Southold Dance Theater, Inc. the dance faculty, their agents, designees, Board of Directors, or assigns, from my liability related directly or indirectly to my child's participation in any and all events either conducted by or sponsored by Southold Dance Theater, Inc. or its faculty, agents, designees, Board of Directors, or assigns.

\_\_\_\_\_ (Initial) **I have read the above and agree.**

**Medical Emergency**

I hereby state that I am the parent or legal guardian of the minor child whose name appears above, and hereby authorize, in case of emergency, any member of the SDT faculty, or their agents, or designees, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician licensed to practice medicine in the State of Indiana.

\_\_\_\_\_ (Initial) **I have read the above and agree.**

**Photo Release**

I hereby state that I am the parent or legal guardian of the minor child's whole name appears above, and hereby grant to Southold Dance Theater, its employees, agents, and assignees, the right and permission to take photos, videos, and/or films of me, my child and consent to use such materials for promotional purposes by Southold Dance Theater. I waive any right to inspect or approve either the finished photograph or the printed matter with which it may be used in conjunction.

\_\_\_\_\_ (Initial) **I have read the above and agree.**

**I have read all the above practices and releases and release Southold Dance Theater and all affiliates from any and all injury, damage, or loss.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_ Date: \_\_\_\_\_