

A P DANCE DIMENSIONS LIABILITY WAIVER

Provider: Abbey Prihoda Mahoney, DBA A P Dance Dimensions

Circle One: **FALL** **SPRING** **SUMMER** **YEAR:** _____

Student Name: _____

Client Parent/Legal Guardian(s) Names: _____

Relationship to Student: _____

Waiver of Liability, Indemnity Agreement, and Assumption of Risk

Wavier: In consideration of permission to use, today and on all future dates the property, facilities, and services of A P Dance Dimensions and provider I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant to not sue, A P Dance Dimensions, its principles, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from the ordinary negligence of provider or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from the participation in Dance/Gymnastics/Cheerleading/Fitness activities including but not limited to, organized activities, classes, observation, and individual use of facilities, premises, or equipment: and to 2) any and all claims resulting from damage to, loss of, theft of property.

Indemnification and Hold Harmless: I agree to HOLD HARMLESS AND INDEMNIFY Abbey Prihoda Mahoney, A P Dance Dimensions, Contest Team Directors and Teachers, Coaches, Volunteers and Staff from all claims resulting from negligence and to reimburse them for any expenses incurred by Abbey Prihoda Mahoney, A P Dance Dimensions, Contest Team Directors and Teachers, Coaches, Volunteers and Staff in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that Abbey Prihoda Mahoney, A P Dance Dimensions, Contest Team Directors and Teachers, Coaches, Volunteers and Staff is not responsible for the injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be in Grimes County, Texas.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am knowingly and voluntarily giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by the law of the State of Texas.

Attendance/Tuition Policy: Being a part of A P Dance Dimensions is a year round commitment. If you do not show up for an extended amount of time, you will be removed from the class if unable to learn your choreography. Tuition is due every month upon signing up, regardless of attendance. If you choose to miss, your tuition will still be due.

I, _____ the parent/legal guardian of _____, have read and agree to all of the *POLICIES, terms and conditions published by A P Dance Dimensions, including but not limited to semester fees, late fees, due dates, refund policies, rules, and Director decisions.*

Printed Name

Date

Signature of Parent/Legal Guardian

PLEASE PRINT LEGIBLY - PLEASE FILL OUT COMPLETELY

A P DANCE DIMENSIONS GYMNASTICS SAFETY, AND LIABILITY WAIVER

Provider: Abbey Prihoda Mahoney, DBA A P Dance Dimensions

Circle One: FALL SPRING SUMMER YEAR: _____

Student Name: _____

Client Parent/Legal Guardian(s) Names: _____

Relationship to Student: _____

Waiver of Liability, Indemnity Agreement, and Assumption of Risk

Wavier: In consideration of permission to use, today and on all future dates the property, APDD Gymnastics facilities and equipment, and services of A P Dance Dimensions and provider I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant to not sue, A P Dance Dimensions, its principles, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from the ordinary negligence of provider or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from the participation in gymnastics, tumbling, strength training, stretching activities including but not limited to, organized activities, classes, observation, and individual use of facilities, premises, or equipment: and to 2) any and all claims resulting from damage to, loss of, theft of property.

Indemnification and Hold Harmless: I agree to HOLD HARMLESS AND INDEMNIFY Abbey Prihoda Mahoney, A P Dance Dimensions, Contest Team Directors and Teachers, Gymnastics Coaches, Volunteers and Staff from all claims resulting from negligence and to reimburse them for any expenses incurred by Abbey Prihoda Mahoney, A P Dance Dimensions, Contest Team Directors and Teachers, Gymnastics Coaches, Volunteers and Staff in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that Abbey Prihoda Mahoney, A P Dance Dimensions, Contest Team Directors and Teachers, Gymnastics Coaches, Volunteers and Staff is not responsible for the injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be in Grimes County, Texas.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am knowingly and voluntarily giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by the law of the State of Texas.

Attendance/Tuition Policy: Being a part of APDD Gymnastics is a twice a week commitment. Attendance is very important so that students do not fall behind, and are able to succeed at the correct rate. Tuition is due every month upon signing up, regardless of attendance. If you choose to miss, your tuition will still be due. After a child has quit for the year, we will not accept their registration for classes until the next school year!

I, _____ the parent/legal guardian of _____, have read and agree to all of the POLICIES, terms and conditions published by A P Dance Dimensions, including but not limited to semester fees, late fees, due dates, refund policies, rules, and Director decisions.

Printed Name

Date

Signature of Parent/Legal Guardian

PLEASE PRINT LEGIBLY - PLEASE FILL OUT **COMPLETELY**

Contact & Personal Information

Student Name: _____ Age: _____ as of: _____ Date of Birth: _____

Grade: _____ Time School is out: _____ Years of Experience: _____ Where: _____

CONTACT INFO: (Please put in order of who we should call first!!! Ex: Mom, Dad, Gma) This makes it much easier for our employees—this means immediate family and/or who will pick the student up*

1. Name: _____ Relationship to Student: MOM or other _____

Phone Number: _____ Circle: Home / Cell / Work _____

2. Name: _____ Relationship to Student: DAD or other _____

Phone Number: _____ Circle: Home / Cell / Work _____

3. Name: _____ Relationship to Student: _____

Phone Number: _____ Circle: Home / Cell / Work _____

Mailing Address: _____

----Does your Student have a cell phone and/or email? Including them in announcements can help teach responsibility and help you keep up with their upcoming events and due dates----

Student Name: _____ Cell: _____ Email: _____

OUR MAIN SOURCE OF CONTACT IS BAND APP, EMAIL & SOCIAL MEDIA. PLEASE INCLUDE ALL EMAIL ADDRESSES THAT ARE FREQUENTLY CHECKED IN YOUR HOUSEHOLD, OR ANYONE EXTRA YOU WANT TO INCLUDE TO OUR EMAILING LIST.

1. Name: _____ Relationship to Student: MOM or other _____

Email: _____ Circle: Personal/Work/Other _____

2. Name: _____ Relationship to Student: MOM or other _____

Email: _____ Circle: Personal/Work/Other _____

3. Name: _____ Relationship to Student: MOM or other _____

Email: _____ Circle: Personal/Work/Other _____

***Are you ok with us posting class pictures on our social media during class dress up weeks? YES NO

We will be using the app called "Band" this year that allows your teacher to text your entire class in case of important announcements such as cancelled class due to extreme weather, etc. After classes are scheduled you will get a notification via text or email inviting you to join your class group! Students are welcomed to join as well! All you need is a phone number or email address!

PLEASE PRINT LEGIBLY - PLEASE FILL OUT **COMPLETELY**

Contact & Personal Information - Medical

Does your child have any medical conditions or other information that would be helpful in an emergency situation? These conditions especially include, but are not limited to:

Asthma, breathing conditions, ADD/ADHD, learning disabilities, injuries or past injuries, use of an epi-pen, hypoglycemia, diabetes, allergies or allergic reactions, special medications that may need to be administered in emergency situations etc., food or pet allergies - Please let us know any special information so that we may help keep your child safe as well as cater to their possible specific learning needs!

PLEASE LIST BELOW:

Please list **below** the days and times (ex. Mon 4 to 5) that your student is involved in other activities. This helps when scheduling classes even though it is not guaranteed to avoid the given time.

→ _____

→ _____

What is the earliest time you child can make it to dance class on a weekday? _____

PLEASE SELECT:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Combination Class | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Private Lessons |
| <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Jazz/Lyrical | <input type="checkbox"/> APDD Company Class |
| <input type="checkbox"/> All BOYS Hip Hop | <input type="checkbox"/> Production | <input type="checkbox"/> Contest Solo/Duet |

STAFF USE ONLY

Registration Fee: Paid _____ Amount _____

Merchandise/Other: Paid _____ Amount _____

Tuition: Paid _____ Amount _____

Total: CCD (type) _____ Cash Check# _____ Total _____

Employee Signature: _____ Date _____

I, _____ the parent/legal guardian of _____, have read and agree to all of the policies, terms and conditions published by A P Dance Dimensions, including but not limited to semester fees, due dates, refund policies, rules, and Director decisions. I have also thoroughly read through the separate APDD Policies sheet including COVID regulations and agree to abide by these guidelines.

Parent Signature: _____ Date: _____