

Provider: Abbey Prihoda, DBA A P Dance Dimensions Summer 2014

**Client Parent/Legal Guardian(s) Names:** \_\_\_\_\_

Student Name: \_\_\_\_\_

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, 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, 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Directors and Teachers, Coaches, Volunteers and Staff in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that Abbey Prihoda, A P Dance Dimensions, Contest Team Directors and Teachers, Coaches, Volunteers and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.

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\_\_\_\_\_  
Signature of Parent/Legal Guardian

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\_\_\_\_\_  
Date

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\_\_\_\_\_  
Printed Name

**PLEASE PRINT LEGIBLY – PLEASE COMPLETELY FILL OUT**

Student Name: \_\_\_\_\_ Age as of July 1<sup>st</sup> 2014: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Years of Experience: \_\_\_\_\_ Where: \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

CONTACT INFO: (Please put in order of who we should call first!!! 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

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

Does your Student have a cell phone? \*Texting practice times or reminder information directly to our older students saves time and energy!!!

Student Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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.

<i>PLEASE SELECT Summer Camp Class:</i>		
<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Cheer	
<input type="checkbox"/> Combination Class	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Jazz (or Drill Team Prep)
<b>STAFF USE ONLY</b>		
Registration Fee: \$5	<input type="checkbox"/> Paid _____	Amount _____
Merchandise/Other:	<input type="checkbox"/> Paid _____	Amount _____
Camp Fee: _____	<input type="checkbox"/> Paid _____	Amount _____
Total:	<input type="checkbox"/> CCD (type) _____ <input type="checkbox"/> Cash <input type="checkbox"/> 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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_