

Student's Name _____

Level _____

Waiver of Liability and Assumption of Risk

The Geiger Classic Ballet Academy (GCBA) was formulated to promote dance as an art form and to provide conditioning of the cardiovascular system, muscle system, etc. The program emphasizes the physical aspects of dance, including proper warm-up and cool-down periods.

I, the undersigned, agree not to claim or demand any cost of expense or account in any way for personal injury and/or property damage resulting to or sustained by, or which may in the future result to or be sustained by the above student. The same is or shall be about the premises of GCBA, either as spectator, dancer or dance student or dance instructors. Furthermore, I assume all risks of personal injury to the above named minor, or myself, while dancing, receiving dance instruction, or in any way engaged with dance or dance instruction at the GCBA.

I, the undersigned, acknowledge the hazards in an exercise program, accept the risks involved, and realize it is a hands-on activity. I also have discussed any special problems with my (or my child's) physician.

I, the undersigned, also agree to indemnify, defend and hold harmless the GCBA, its employees and instructors from any and all loss, liability, cost or expense arising out of any and all dance and school related activities as a result of an injury sustained in the prior.

This agreement is in effect from the signing of this contract from September 2011 through August 2012.

Parent Signature (or Student over 18 yrs)

Date

Financial Contract

I understand that I am enrolling my child in a program, which runs from September 2011 through June 2012. Once yearly a registration fee of \$25 (\$40 family) is assessed. This is non-refundable. I agree to pay the 4 installment payments, which are due according to the school's yearly calendar. Late fees are assessed after 7 days as follows: \$1-\$200 - \$15 fee, \$201-\$400 - \$20 fee, \$401-\$600 - \$25 fee, \$601 and up - \$30 fee. Students will not be able to attend classes until the account is reconciled. (We do not send bill reminders.) **I AGREE TO GIVE A WRITTEN 30 DAY ADVANCE NOTICE IF FOR ANY REASON I CHOOSE TO WITHDRAW FROM THE PROGRAM. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE PAYMENT OF TUITION FOR THOSE 30 DAYS.** If withdrawal is necessary due to a prolonged illness or accident, a withdrawal form and a doctor's note must be turned in to the office as soon as possible. An adjusted refund will then be issued. I understand and agree that no credits, refunds or discounts are given for missed lessons. I am aware of the GCBA school calendar and that any classes missed which qualify for a make-up (see GCBA Handbook) may only be made up within 1 month of the date of absence, and in the same level or lower level. I understand that I am responsible for the information posted on the GCBA bulletin board as they include important information and policies.

I have received and agree to all policies of GCBA above and including those stated in the GCBA Handbook from September 2011 through August 2012.

Signature of Parent (or Student over 18yrs)

Date

Use of Name and Likeness

I give permission to GCBA to use the name and/or likeness of the above mentioned student for purposes of publicity (public or private) for profit or to advertise its professional training program and methods. I understand that whenever appropriate the student's name will be listed in photo captions. This permission is also given in regards to video, television and any other media necessary for the use and purposes of the GCBA along with the Michigan Classic Ballet Company, the affiliate-performing arm of the GCBA.

This agreement is active from the signing of this agreement through August 2012.

Signature of Parent (or Student over 18 yrs)

Date