

List previous music experience:

Where did you hear about Musician's Edge?

RELEASE/DISCLAIMER

Registration will not be accepted without the legal signature.

I, _____, the authorized legal representative of _____, jointly and severally hereby releases, discharges, and acquits Musician's Edge, Dancer's Edge, including all owners, all employees, teachers, and agents from any and all claims for damages or injuries of any kind, nature or description, resulting from Musician's Edge or Dancer's Edge activities. This expressly includes, but is not limited to, any injury or damage caused by or resulting from the negligence of Musician's Edge, Dancer's Edge, all owners, all employees, teachers, agents, etc. I acknowledge the fact that certain types of injuries are common and inherent in music, dance, and tumbling-related activities. This release includes but is not limited to this type of injury. I acknowledge Musician's Edge, Dancer's Edge reserves the right to host lessons online. This release shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives. I have read and understand all Musician's Edge, Dancer's Edge policies and agree to abide by those policies and make all payments necessary for participation in all in person and online Musician's Edge and Dancer's Edge activities.

I hereby DO GIVE/DO NOT GIVE (circle one) Musician's Edge and Dancer's Edge permission to use images of my child, _____ captured during regular and special dance classes through video, photo and digital camera to be used solely for the purposes of studio fliers, publications, promotions, and the studio website. I understand that my child's full name will not be stated with the photo.

In case of an emergency, hospital preference

Insurance Information and Policy Number

Medical Information: (any medical restrictions)

By signing this document: You agree that all the information provided is true to the best of your knowledge. You agree that you have read and understand the risk. You give permission for emergency medical transportation and treatment at your expense, if needed. You agree to update this document should any of the information change. You agree to the public display of any studio pictures of your child unless indicated otherwise above. You agree all refunds and credits will be issued within two weeks of written notification if the student does not want to continue the class. Dropping and transferring of classes must be submitted in writing. You have thoroughly read, understand, and agree to the following documents, Musician's Edge Registration Form, and Musician's Edge Class and Rehearsal Schedule.

Participant/Date _____

Parent or Guardian/Date _____