

Medical Release

In the event I cannot be reached, I hereby give my permission to the management/facility to authorize any emergency medical care that may be required by the above student during participation in classes, performances or any Cedar Brook Dance Academy events. This authorization extends through the current year or until the student is no longer enrolled at the Cedar Brook Dance Academy whichever comes first. I understand that I am responsible for any and all charges as a result of such care of medical treatment.

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child (and if I am no longer a minor, on my behalf), I assume the risk and agree that the Cedar Brook Dance Academy shall not be liable in any way for injuries sustained during attendance at the school or any of its related functions. I understand that good dance training involves touching and adjustment of the student's body by the instructor.

Publicity Release

I hereby authorize the Cedar Brook Dance Academy to record the student's picture and voice on photographs, film and tapes, to edit these recordings as its discretion, and to incorporate these recordings into move and sound films on tapes, radio, or television broadcast programs. I also give my permission for Cedar Brook Dance Academy to use and license others to use these materials in any manner. Cedar Brook Dance Academy is permitted to use these materials for publicity, advertising and sales promotion and to use the student's name, likeness and voice biographic or other information in connection with them. I acknowledge that no promises of compensation were made by Cedar Brook Dance Academy for such use.

Tuition Payment Agreement

I agree to pay the Cedar Brook Dance Academy for the dance instruction of the above student per the published tuition rates for the student's period of study. I understand that I can make payments by check, payable to Cedar Brook Dance Academy and or cash.

I have read, understand and agree to the Tuition Agreement, Liability Release, Publicity Releases and Medical Release.

Student Name: _____
(Please Print)

Parent or Guardian Name: _____
(Please Print)

Parent or Guardian Signature: _____ Date: _____