

Dance Arts Conservatory

Dancing in Excellence!

Liability Release

I am aware that dance training and athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that Dance Arts Conservatory and its facilities shall not be liable in any way for injuries sustained during attendance at the school or any of its related functions. I also understand that good dance training involves touching and adjustment of the student's body by the instructor.

Medical Release

If the event I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Dance Arts Conservatory to authorize any emergency medical care that may be required by the above student during participation classes, performances, or any related DAC events. This authorization extends throughout the current academic year and throughout the summer or until the student is no longer enrolled at DAC, whichever comes first. I understand that I am responsible for any and all charges as a result of such medical treatment.

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN LISTED ON THE FRONT OF THIS FORM.

NAME _____ PHONE _____

Tuition Payments can be made by quarter, semester (2% discount), or year (5% discount). Please check payment preference.

Year _____ Semester _____ Month _____ Summer Session 1 _____ Summer Session 2 _____

DAC will follow the New Hanover County School Calendar for Thanksgiving, Winter and Spring breaks. In case of inclement weather, follow New Hanover County Schools also.

Tuition Payment Agreement

I agree to pay Dance Arts Conservatory 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 payment by check or money order payable to Dance Arts Conservatory. There will be a \$30.00 charge for returned checks.

I understand that no refunds will be given for classes missed because of illness, vacation, or school closings due to acts of nature such as inclement weather.

I understand that **tuition fees are due on the first of the month** or on date agreed upon in payment plan; that if payment has not been received within 5 business days a finance charge of \$25.00 will be assessed.

I understand that a 30 day notice is required for withdrawal.

Person Responsible For Payment _____ Relationship To Student _____

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

Parent Signature _____ Date _____

Photo Release

I hereby give permission for images of my child, captured during regular and special Dance Arts Conservatory classes and events through video, photo, digital camera to be used solely for the purposes of Dance Arts Conservatory promotional material and publications and waive any rights of compensation or ownership thereto.

Parent Signature _____ Date _____

Leotard Size _____ Clothing Size _____