



1708 Lancaster Avenue, FL 2
Paoli, PA 19301
484.639.9571
www.ballet180.org

REGISTRATION FORM

Student Last Name: _____ First: _____ Age: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Parent(s) Name: _____ Emergency Contact: _____
Special Needs/Allergies _____ How Did You Hear About Us? _____

CLASS SELECTION

Class Name	Class Day	Class Time	Total Hours

Total Class Hours _____
Tuition Amount (based on weekly hours) _____
Discounts _____
Registration Fee (\$30 per family)..... _____
TOTAL TUITION..... _____

INFORMATION FOR CREDIT CARD PAYMENT

CIRCLE: VISA MC Discover NAME ON CARD: _____
ACCOUNT #: _____ EXPIRATION: _____

Automatic withdraw from credit card will be done on the 28th of the prior month. If you wish to discontinue this service, formal notification in writing must be sent via email (school@ballet180.org) no later than the 25th of the prior month. Credit card information given to us for this purpose will be kept in a secure file through Stripe. You agree that Studio 180, LLC (Ballet 180 School) shall not be liable for any issues regarding financial and monetary transactions between you and any other party, including Stripe. It is your responsibility to provide updated information regarding changes to your credit card.

Credit Card Automatic Monthly Withdraw – SIGNATURE OF CARDHOLDER: _____



RELEASE AND WAIVER

All participants must complete this Release and Waiver Form (this "Waiver") before participating in any Studio 180, LLC (Ballet 180 School) classes, workshops, rehearsals or performances. If the participant is under age 18, a parent or legal guardian must also sign this Waiver.

Assumption of Risk

I recognize and understand that participating in dance and dance training as part of Studio 180, LLC rehearsals, workshops, classes and performances (the "Activities") poses the risk of physical injury or death, which may occur with or without the negligence of others, as well as due to defective equipment, property and facilities. I fully and knowingly assume these risks. Initials: _____

Waiver of Liability; Indemnification

In consideration of being permitted to participate in the Activities, I, on behalf of myself and my heirs and assigns, hereby release Studio 180, LLC and its affiliated dance studios, event sponsors, employees, volunteers, directors and dance teachers (collectively, the "Releasees") from any and all claims, causes of action and liabilities, and any associated damages and costs (including attorneys' fees and costs) relating to or in any way arising from the Activities, including, without limitation, those arising from the fault or negligence of the Releasees. By signing this Waiver, I am giving up rights that I would otherwise have. I agree to indemnify, defend, and hold harmless the Releasees against any and all liabilities, costs and judgments arising from acts of omissions committed by me or my child which result in injury or damage to any person or property. Initials: _____

Protection of Property

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any classes, rehearsals, workshops, or performances. I hereby release the Releasees from all liability for loss or damage to my personal property while attending or participating in classes, rehearsals, workshops, or performances. Initials: _____

Medical Attention

In case of physical injury or medical emergency, I hereby authorize Studio 180, LLC to make necessary arrangements to transport myself or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if my child is under 18 years of age, I understand that Studio 180, LLC will attempt to notify the person(s) I have named as my emergency contact(s) of my condition and how to reach me. Initials: _____

Photo Release

Studio 180, LLC reserves the right to use photographs and videos taken during the Activities or other affiliated events for the purposes of instruction, advertising and promoting Studio 180, LLC and its programs. Participants, or parents of participants who are minors, who do not wish to comply with this policy must notify Studio 180, LLC in writing prior to participation. Initials: _____

This Waiver and the rights and obligations of the parties hereto shall be interpreted, construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania without regard to its conflict of laws provisions.

Acknowledgement of Waiver

In signing this Waiver, I acknowledge, warrant and represent that I have fully informed myself of its contents by reading it before I sign it, that I sign this Waiver as my own free act and deed, and that I have not been induced by any oral representations, promises or statements. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement, and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further affirm that there are no health-related reasons or problems which preclude or restrict my or my child's participation in the Activities.

PLEASE PRINT CLEARLY

_____ Printed Name of Participant	_____ Signature of Participant	_____ Date
_____ Printed Name of Guardian (if under 18)	_____ Signature of Guardian	_____ Date