

SOUL IN MOTION DANCE ARTS (REGISTRATION FORM)

Pls print

STUDENT'S NAME _____ (Parent's) NAME _____
 (SEX) M F BIRTHDATE _____ AGE _____ PHONE _____
 ADDRESS _____ CITY _____
 POSTAL CODE _____ **EMAIL ADDRESS**** _____
 EMERGENCY CONTACT _____ PHONE _____
 MEDICAL CONCERN _____
 HEALTH CARD # _____

HOW DID YOU HEAR ABOUT SOUL IN MOTION? _____

TYPE	Studio	Day	Time	Costume	Term \$		Amt Pd	Date
ACRO								
BALLET								
BALLET								
HIP HOP								
LYRICAL								
JAZZ								
JAZZ TECH.								
MODERN								
MUS/THTR								
CONTEMP.								
TAP								
TECHNIQUE								
POINTE								
ACRO TECH					Term =			
					Costume =			
					Registration=			
					Sub Total=			
					HST =			
			GRAND	TOTAL	\$		

VISA OR MASTERCARD ONLY

CARD # _____ EXP. DATE: _____

3 DIGIT CODE: _____ NAME ON THE CARD _____

MONTHLY WITHDRAWALS ON THE 1ST OF THE MONTH FROM (DATE): _____

SIGNATURE OF CARD HOLDER: _____

WAIVER: I, _____ agree to allow my child, named in this application, to participate in the outlined program herein, and relieve SOUL IN MOTION DANCE ARTS ACADEMY INC against any claim in case of any injury/accident occurring on the premises while in the class or otherwise. The same applies when my child is performing outside the premises at any public function, competition, etc. I further agree to allow the use of any photographs, or video, which include my child, for advertising and promotional purposes. **Refunds will be given only to students 3-4 years of age within a 1 month period from date of registration.** (Minus \$40.00 +hst Administration fee and any classes taken)**

I, hereby agree to waive, indemnify and save harmless Soul In Motion, it's officers and teachers, from demands, claims and acting lawsuits or proceedings arising out of participation of any one member of the class participating in the dance program.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

Soul In Motion Dance Arts Academy Inc. ("The Studio") has put in place preventative measures to reduce the spread of COVID-19; however, the Studio **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the studio could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Studio and that such exposure or infection may result in personal injury, illness, permanent disability, and possible death. I understand the risk of becoming exposed to or infected by COVID-19 at the Studio and I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Studio or participation in Soul In Motion programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Soul In Motion or its employees of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Soul In Motion, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Soul In Motion program.

Signature of Parent or Guardian

Date (MM/DD/YYYY)