

## Student Release Form

Student's name \_\_\_\_\_

Date \_\_\_\_\_

### PLEASE READ CAREFULLY AND INITIAL

\_\_\_\_\_ The payment option I have chosen is: **(Circle one)**

Full-tuition / Trimester payments / Monthly Payments

\_\_\_\_\_ I understand and agree to pay a \$10.00 late fee if tuition is not received by the first class of the month that it is due. I understand this will be enforced.

\_\_\_\_\_ I agree to pay a \$30.00 fee for all NSF checks returned by the bank.

\_\_\_\_\_ I understand there are no refunds/discounts for missed classes. If the studio must cancel classes due to snow day, make up classes are not a guarantee.

\_\_\_\_\_ I understand that the tuition agreed upon is for 32 weeks of lessons including a dress rehearsal and a final recital.

\_\_\_\_\_ I understand that if my child participates in the recital classes, I am responsible to pay a costume fee.

\_\_\_\_\_ I understand that if my child misses three or more classes between January and May, she/he may not be able to participate in the spring recital.

\_\_\_\_\_ I acknowledge and agree that dance training and performing are strenuous physical activities that involve risk of property damage, bodily and personal injury, illness, and assume full risk and responsibility. In permitting student to participate in dance training and performing and any activity ancillary thereto, I hereby voluntarily and absolutely release discharge, waive and relinquish any and all claims, causes of action, losses, costs, expenses, and/or damages, whether in law or equity, against The Vineyard Community Church, Tiffany Booher, INSPIRE DANCE AND TUMBLE, employees, contracted instructors, assistants, and volunteers. I also hereby authorize instructors to obtain appropriate medical treatment for my son/daughter if injury or illness occurs during dance training or performance.

\_\_\_\_\_ I hereby consent to the photographing of the aforementioned person and the recording of the aforementioned person's voice and the use of these photographs and/or singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes.

Please list any important medical information: (medications, allergies, limitations/disabilities)

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**Parent/Guardian Signature:** \_\_\_\_\_