

ENROLLMENT AGREEMENT

MEDICAL RELEASE

I, _____ (parent/guardian's name) register my child(ren) _____, _____, _____, _____ in dance programs taught by staff at The Dance Gallery 2, Roseville, California. I hereby grant permission for any and all medical treatment in the event of accident, injury, sickness, etcetera, under the direction of any physician or emergency medical technician licensed in the State of California at any necessary emergency facility, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective for a period of one year from the date signed below.

I hereby release The Dance Gallery 2, Lucy McLemore, Doug McLemore and all other staff and faculty members from all claims of damage or injury suffered by myself, and the above registered students in connection with or by the association of The Dance Gallery 2. This includes my heirs who may not act in my behalf.

By enrolling the above registered student(s), I certify that he/she/they is/are in good physical condition and able to participate in the activities that have been or will be scheduled. I understand and assume all risks involved in connection with dance instruction, rehearsal, and training at The Dance Gallery 2 including, but not limited to, risk of bodily injury occurring as a result of contact with other students, instructors, walls, floors, stairs, equipment, and other objects on the premises of The Dance Gallery 2 facility. I understand that any injuries which may occur are the sole responsibility of me, the parent/legal guardian of the above registered student(s). I further understand that I, as the responsible party, must carry my own insurance, and that all dance classes are taken at my own risk, and I accept this responsibility.

LEGAL RELEASE

I hereby grant to The Dance Gallery 2 the right to take, create and use, and the right to authorize other parties to use and re-use, reproduction (audio and visual), photographs, and recordings of my likeness and/or the likeness of my child(ren), voice and sounds, and the right to re-use such reproductions, photographs and recordings as well as my name and/or my child(ren) name(s) and biography, in all media, whether now known or hereafter devised throughout the universe in perpetuity (including, without limitation, in any print media or publications, on the internet, on basic cable, free and pay television systems worldwide and all supplemental market uses, video cassette, DVD and/or video disc), and in all forms (including, without limitation digitized images), without further compensation to me and/or my child(ren).

DROP NOTIFICATION

The Dance Gallery 2 billing cycle begins on the first day of each month and ends on the last day of each month. I understand that if I, and/or any of the dancers listed above, choose to drop one or more classes, for any reason, I must notify The Dance Gallery 2 in writing at least two (2) weeks prior to the last day of the month (end of billing cycle). I further understand that failure to provide written drop notification as stated above will result in tuition being charged to my account, and I will be responsible to pay, for one additional month for all dropped classes, at the prevailing rate.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof, and, intending to be legally bound, I have signed this ENROLLMENT AGREEMENT on the date set forth below.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____