



## Studio /Outreach Registration Form

School \_\_\_\_\_ Date \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade** \_\_\_\_\_

Class 1 \_\_\_\_\_ Class 2 \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade** \_\_\_\_\_

Class 1 \_\_\_\_\_ Activity/Class 2 \_\_\_\_\_

Parent/ Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Shirt Size \_\_\_\_\_ Skirt Size \_\_\_\_\_ Pants Size \_\_\_\_\_

How did you hear about Journey? \_\_\_\_\_

Special Education Y N

Food Allergies/Restrictions \_\_\_\_\_

Medical Conditions/Considerations \_\_\_\_\_

Child Physician or Clinic Name \_\_\_\_\_ phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ phone # \_\_\_\_\_

Authorized alternate pick-up

\_\_\_\_\_

\_\_\_\_\_

### Office Use Only

Payment Option \_\_\_\_\_

Tuition Total \_\_\_\_\_

Costume Total \_\_\_\_\_

-Scholarship Total \_\_\_\_\_

-Discount /Gift certificate Total \_\_\_\_\_

Grand Total \_\_\_\_\_

\*\$15 monthly late fee \$35 return check fee

By signing below, I am indicating that I have read and understand the JPAC/JAS Policies & Procedures for the current semester. I am aware that I can access these policies at [www.journeyartscenter.org](http://www.journeyartscenter.org). I am aware of all payments and fees associated with this registration and agree to all of the terms and conditions. I understand that by registering for classes at Journey Performing Arts Center that I am responsible for tuition for the entire session regardless of absence.

**Cancellation** I can cancel this agreement in writing on or before \_\_\_\_\_ to receive a prorated refund minus any discount, concessions or scholarships

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature & Date \_\_\_\_\_

**Release, Waiver of Liability & Indemnity Agreement**

In consideration of being permitted to participate in any way in the Journey Performing Arts Center and Journey After School Programs and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardians) of the minor participant named below agree:

I understand that I have the option inspecting all facilities related to the program.

I/WE fully understand and acknowledge that

- (a) There are risks and dangers associated with participation in Dance events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
- (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be ~.
- (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action. inaction or negligence of others, including, but not limited to, the Releases named below.
- (d) There may be other risks not known to us or an: not reasonably foreseeable at his time.

I/WE accept such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, caused, whether caused in whole or in part by the negligence of the Releases named below.

I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the dance facility, company used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the dance event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the dance facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Release" ... FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heir's and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

**Minor Photo Release**

In consideration of the minor named below as a student of Journey Performing Arts Center/ Journey After School, and for other good and valuable consideration herein acknowledged as received, upon the terms hereinafter stated, I hereby grant to Journey Performing Arts Center, Inc , and those acting with its authority and permission, the absolute right and permission to copyright and use, re-use, publish, and re-publish photographic portraits, pictures, or videos of the minor or in which the minor may be included, in whole or in part, in conjunction with the minor's own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his/her studios or elsewhere, and in any and all media now or hereafter known, for art, advertising trade or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith, including but not limited to flyers, website, newspaper, ect.

I hereby waive any right to compensation or the right to final inspection of printed materials that may be used in connection therewith.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard.

I HAVE READ THIS PHOTO RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature & Date