DANCE CLASS REGISTRATION / WAIVER

$50 Registration Fee

CLIENT INFORMATION

- Full Name: _____ Date of Birth: _____
- Phone Number: _____Email Address: _____
- Address: _____
- Emergency Contact Name: _____Emergency Contact Phone: _____
- Emergency Contact Name: _____Emergency Contact Phone: _____
- How did you hear about us? ◯ Friend ◯ Social Media ◯ Website ◯ Other: _____

CLASS DETAILS

- **Dance Class Type:**

  ◯ Ballet ◯ Hip-Hop ◯ Jazz ◯ Contemporary ◯ Tap

  ◯ Acro ◯ Competition/Company ◯ Other: _____

- **Years of Dance:** ◯ 1 Year ◯ 2 Years ◯ 3+ Years
- **Preferred Amount of Classes :** ◯ One class/week ◯ 2 classes/week ◯ 3+ Classes Per Week
- **Previous Dance Experience (if any):** _____
- **Are you interested in:** ◯ Group Classes ◯ Private Lessons ◯ Company/Competition Training
- **Do you have any physical limitations or anything that may affect your movement?**

  ◯ No ◯ Yes _____

- **Are you interested in participating in dance recitals?** ◯ Yes ◯ No
- **Are you interested in auditioning for our competition team?** ◯ Yes ◯ No

- **Classes I am signing up for:**_____/_____/_____
  _____/_____/_____

MEDICAL & LIABILITY WAIVER

I, _____, understand that participation in dance classes involves physical activity that carries inherent risks, including but not limited to **muscle strain, falls, sprains, fractures, or other injuries**. By signing below, I acknowledge the following:

1. **Medical Fitness:** I certify that I am physically fit and have no medical conditions, injuries, or limitations that would prevent my participation in dance activities. If I have any medical concerns, I have consulted with my physician prior to participating.
2. **Assumption of Risk:** I voluntarily participate in this class at my own risk and understand that **BiZi Dance Company** is not responsible for injuries sustained during classes, rehearsals, performances, or related activities.
3. **Medical Treatment Authorization:** In case of emergency, I authorize **BiZi Dance Company** and its staff to seek medical assistance for my child on my behalf if I am unable to communicate. I assume responsibility for any medical expenses incurred.
4. **Release of Liability:** I waive, release, and hold harmless **BiZi Dance Company, its instructors, staff, and affiliates** from any claims, liabilities, or expenses related to injuries or damages arising from my participation.
5. **Studio Rules Compliance:** I agree to follow all **studio rules, dress codes, and safety policies** as instructed by my teachers and staff. I understand that failure to comply may result in removal from classes without a refund.
6. **Illness & Injury Policy:** I agree not to attend classes if I am experiencing symptoms of illness, fever, or have been advised by a healthcare provider to refrain from physical activity.
7. **Financial Responsibility:** I acknowledge that class fees are non-refundable and must be paid according to **BiZi Dance Company**'s payment policies.

PHOTO & VIDEO RELEASE

I, _____, grant **BiZi Dance Company** permission to use my photos and videos taken during dance classes, performances, or related activities for promotional purposes, including but not limited to:

- **Marketing & Advertising** – Social media, website, brochures, and advertisements.
- **Educational & Training** – Internal training, workshops, and student development.
- **Performance Archives** – Documentation for future reference, competitions, and professional portfolios.

I understand that:

- My images/videos may be **edited, cropped, or modified** for promotional or educational use.
- My **name and identity** will remain confidential unless I provide written permission for disclosure.
- I will not receive **financial compensation** for the use of my images/videos.
- I may withdraw my consent in writing, but previously published materials cannot be removed.
- I release **BiZi Dance Company** from liability related to the use of my images/videos.

CONSENT SELECTION:

◯ **Full Consent** – I approve **all uses** mentioned above.

◯ **Limited Consent** – I approve the following:

- ◯ Marketing & Advertising
- ◯ Educational & Training
- ◯ Performance Archives

◯ **No Consent** – I do **not** authorize use of my images/videos.

PARENT/GUARDIAN CONSENT (For Minors)

If the participant is under **18 years of age**, a parent or legal guardian must sign below:

I, _____, as the **parent/legal guardian** of _____, consent to their participation in dance classes at **BiZi Dance Company**. I acknowledge the risks associated with dance activities and agree to the terms stated above.

Parent/Guardian Signature: _____ **Date:** _____

PARTICIPANT ACKNOWLEDGMENT

I have read, understood, and voluntarily agree to the terms of this registration and waiver form.

Participant/Parent Signature: _____ **Date:** _____