

STEPS SUMMER PROGRAM REGISTRATION

Student's Name

(First) _____ (Last) _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Student Cell Phone _____

Student email: _____

Birth date ____/____/____ Male__ Female__

Academic School _____

Grade (year 2019-20) _____ Current Dance School _____

Years of prior experience _____

School information and announcements will be distributed through email, please provide a reliable email address Parent/Guardian email:

PARENT/GUARDIAN INFORMATION

Parent #1 or Guardian Name _____

Relationship _____

Address (if different from above) _____

City _____ State _____ Zip _____ Home

Phone _____ Cell Phone _____ Work

Phone _____ Workplace Name _____ -

Parent #2 or Guardian Name _____

Relationship _____

Address (if different from above) _____

City _____ State _____ Zip _____ Home

Phone _____ Cell Phone _____ Work Phone _____

Workplace Name _____

Emergency Contact name _____ Emergency Contact Phone _____

Summer Session Class: 1 weekly class \$48 2 weekly Classes \$80
 3 weekly Classes \$100 4 weekly Classes \$120
 Unlimited classes \$200
 check here if payment was/will be made online

Class Day/Time _____

Class Day/Time _____

Class Day/Time _____

Class Day/Time _____

SUMMER INTENSIVE/CAMPS (Approval from School Director is needed to participate in this program. Deposit due at registration. Balance of tuition due July 1, 2019)

Dance Intensive Training Mini/Junior/Teen SESSION: \$120:

Dance Camps Wild About Dance \$60 Baby I'm A Star \$60

I have read the registration information and understand the school's policies. I understand that this registration contract represents a financial commitment. TUITION IS NON-REFUNDABLE except under certain conditions and subject to approval.

Visit www.stepsinatwter.com for complete policy information.

Signature of Parent(s)/Guardian(s): _____

Date: _____ Relationship to Participant (circle): MOTHER / FATHER / LEGAL GUARDIAN

Please fill out connected STEPS PARTICIPANT WAIVER AND RELEASE ACCEPTANCE OF RISK / WAIVER AND RELEASE OF LIABILITY / APPEARANCE AGREEMENT

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AGREEMENT This form must be filled out by each participant and each participant's parent or legal guardian if participant is under 18. This includes all Minis, Juniors, Teens, Seniors

I ("I", "me", "Participant"), have elected, on a voluntary basis, and, if I am under the age of 18, with the acknowledgement and permission of my parents or legal guardians (individually and collectively referred to herein as "Guardian"), to participate in dance and other athletic performance-related activities (individually and collectively, "Activities") for which I am registered with RADIX Dance Convention, LLC ("Company"), which may include, without limitation, participation in RADIX Dance Convention and/or events to be named subsequent to the date hereof (individually and collectively, "Events"). I and my Guardian hereby represent and warrant that: (i) I am aware that participation in the Activities presents certain risks, (including, without limitation, brain injury, severe bodily harm and/or death) and I am aware that equipment problems and human error can contribute to or cause such injuries; (ii) I am aware that my risk of injury may be increased if I suffer from conditions that may be affected by physical exertion, and I represent and warrant that I am in good health and do not suffer from any such condition(s) (including, but not limited to neck, back, heart problems and pregnancy); (iii) no representations of any kind have been made to me by Company or Company's employees or personnel regarding my ability to participate in the Activities; and (iv) my participation in the Activities is not employment and is not subject to any union or collective bargaining agreement, and does not entitle me to wages, salary, corporate benefits, unemployment or workers' compensation benefits, or other compensation. I knowingly and voluntarily assume all risks associated with the Activities, and I and my Guardian unequivocally agree to incur and assume such risks as a condition to my participation in the Activities. I represent and warrant that I have reviewed this waiver ("Waiver") with my Guardian and I have obtained the permission of my Guardian to enter into this Waiver, as evidenced by my Guardian's signature/s below. I and my Guardian agree and acknowledge that this Waiver is applicable to all Company Events and all Activities in which I participate at any time and is a perpetual Waiver for all such Events and Activities.

I understand that Company from time to time produces audio-visual programs, promotions, and other materials relating to its Events. I and my Guardian hereby grant Company and its agents, successors, assigns and licensees the perpetual right to use my name, likeness, biographical information, photographs, voice, personal characteristics, and other personal identification (collectively "Likeness") and any digital, videotape, sound and audio-visual recordings in any way (collectively "Recordings") in any and all manner and media, now known or hereafter devised, throughout the world, for any and all purposes including, without limitation, in productions and in connection with the advertising and promotion of productions and/or Company, provided that Company is under no obligation to exercise any of the foregoing rights.

IN CASE OF EMERGENCY, I and my Guardian authorize Company and Company's agents, employees, representatives, and contractors, to arrange for or provide such medical assistance to me as any of them deems necessary, and authorize any physician, other medical or paramedical provider, and any medical facility to provide medical or surgical care, including without limitation anesthetization and hospitalization, which any of them may determine to be necessary or advisable, pending receipt of a specific consent from me. If my condition renders me incapable (as determined by Company and/or medical provider) of providing a specific consent at the time that medical provider present determines any treatment to be necessary and/or advisable in such the medical provider's sole discretion, I and my Guardian authorize such provider to administer such treatment without the need for further consent. I and my Guardian acknowledge that I will be responsible for paying for any medical treatment that I may receive because of injuries or illness suffered during my attendance and/or participation in the Events and Activities.

This Waiver shall be interpreted under the internal, substantive laws of the State of California without regard to the conflicts of law provisions thereof. The illegality, invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any of the remainder of this Waiver, which shall be enforced to the maximum extent permitted by law. I and my Guardian acknowledge that I and my Guardian have read every paragraph of this Waiver and understand each paragraph completely. I and my Guardian freely and voluntarily agree to all the terms contained herein and understand that I and my Guardian are giving up certain legal rights.

If Participant is under 18: I represent and warrant that I am the parent or legal guardian of the minor whose name appears above. I have read the foregoing Waiver and am satisfied that the Waiver is fair and equitable, and I hereby give my express consent to its execution by my child/ward and will not revoke my consent at any time.

Signature of Parent(s)/Guardian(s): _____ / _____

Date: _____ Relationship to Participant (circle): MOTHER / FATHER / LEGAL GUARDIAN