



Waiver and Release Agreement

1. I am not aware of any medical condition I have/my child has that should preclude me/my child from participating in dance and/or aerial activities. I understand there is a definitive risk of injury associated with dancing and/or performing aerials, and that such injuries include, but are not limited to bruises, dislocations, broken bones, torn or damaged muscles and ligaments, paralysis, and even death. I understand that such injuries may be caused in whole or in part by myself, or by the actions or inactions of other students or instructors.
2. In consideration of being accepted for dance instruction by the New York Dance Project and in further consideration of the expertise and achievements of instructors at New York Dance Project and the limited number of students that may be accepted by New York Dance Project, I agree to all of the following, which shall bind me, and also my heirs, assigns executors, and administrators:
 - a. I/My child agree(s) to immediately stop performing any activity if I/they feel any pain, dizziness, light-headedness, or any other symptoms, and to immediately report those symptoms to the instructor. I/they also agree to carefully follow the instructors' directions, to ask for additional directions if I/they do not understand any particular activity, and to immediately stop any activity which I/they believe I am/they are not competent or confident enough to perform.
 - b. To the fullest extent permitted by law, I agree and represent that I assume the risk and responsibility for any and all injuries to myself/my child that I/they sustain while performing any dance or aerial activities, including any and all costs and damages that are a consequence of such injuries, and whether such injuries, costs and damages were caused in whole or in part by the New York Dance Project for students, or instructors, or the Artistic/Program Director.
 - c. To the fullest extent permitted by law, I agree to defend, indemnify and hold harmless the New York Dance Project and their instructors, agents, employees, contractors, clients, and students, from and against all claims, costs, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from my/my child's performance or other participation in any dance or aerial activities, regardless of whether or not such claim, cost, damage, loss or expense, was caused in part by a party indemnified hereunder.

I have fully read and agree to all of the above, and I make this agreement and the representations herein in order to induce the New York Dance Project to accept me/my child as a student for dance instruction.

Name of Student

Date: ____ / ____ / ____

Signature of Parent / Guardian

Date: ____ / ____ / ____



Limited Use Photographic Release

For, and in consideration of, my/my child's engagement as a student/model by the New York Dance Project – (hereafter referred to as "the School") , on terms hereinafter stated, I hereby give the School, their legal representatives and assigns, those for whom the School is acting, and those acting with their permission, the right to copyright and/or use, reuse and/or publish, and republish the photographic pictures and/or video of me/my child taken during the course of my/my child's study at the School or at any School performances.

I hereby waive any right to inspect or approve the finished photograph(s) and/or videos prior to publication. I hereby release, discharge and agree to hold harmless the School, their representatives, assigns, or any other person or persons, corporation or corporations, for whom they might be acting, including any firm publishing or producing and/or distributing the finished product, in whole or in part, from and against any liability as a result of its publication or distribution of the same.

I certify that I/my child suffer under no legal disabilities and that I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Name of Student

Date: _____ / _____ / _____

Signature of Parent / Guardian

Date: _____ / _____ / _____



Tuition Refund Policy

All tuition and fees paid to the school are non-refundable after they have been paid *regardless of whether or not the program in question has begun.* The only exception to this policy is illness and/or injury sustained by a student prior to the start date of the student's program. For an injury and/or illness sustained 2 weeks or more prior to the start date of the program, the student/parent must write a letter explaining the situation and submit medical documentation of the injury and/or illness including a note from the treating doctor stating that the student cannot participate due to injury and/or illness. This documentation must be received by the New York Dance Project office no later than *2 weeks prior to the start of the program.* Submission of all documentation within the allotted time period will entitle the student/parent to a refund of tuition paid less the tuition deposit and a \$100 processing fee. Registration fees are non-refundable. Failure to submit the proper paperwork in the allotted time will result in forfeiture of any possible refund. A student who takes ill or is injured less than 2 weeks prior to, or during, the School program will receive a credit equal to the value of the remaining time of instruction, less the registration fee. This credit may be applied to any future course of instruction at the New York Dance Project.

Name of Student Date: ___/___/___

Signature of Parent / Guardian Date: ___/___/___

PARENTAL AUTHORIZATION FORM

This form must be completed and signed by all students, and the parents of students under the age of 18. The phone numbers and e-mail addresses provided on this form will be used when/if New York Dance Project needs to contact the student/parent.

Name of Student: _____ Age of Student: _____

Date of Birth: ___/___/___ Student Email: _____

Student Cell Phone: _____ Parent's Phone Number: _____