

STUDENT INFORMATION (19 years and over):

First Name: _____ Last Name: _____

Female Male Date of Birth: _____ Age: _____ Responsible for Billing?

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell / Pager: _____ Alt Phone: _____

Email address: _____

Note: Your email will not be abused or distributed. You will receive studio info and announcements.

MEDICAL INFORMATION:

Chronic Injuries / Learning Disabilities: _____

Medical Conditions / Allergies: _____

BILLING RESPONSIBILITY:

*If the above student is NOT responsible for billing,
please include the information of the individual responsible:*

NAME: _____

Relationship to Student (Parent, Grandparent, etc.) _____

Home Phone: _____ Cell / Pager: _____ Alt Phone: _____

Email address: _____

EMERGENCY CONTACT (other family member or friend)

NAME: _____

Home Phone: _____ Cell / Pager: _____ Alt Phone: _____

RELEASE AND WAIVER (PLEASE READ CAREFULLY):

This document will be held in confidence for the duration of the 2017/18 dance season. Any student named above ("Attendee") that has not reached age of majority (19 years of age) must have a legal parent or guardian sign on their behalf. I, the undersigned ("Signee"), understand and agree with the following conditions concerning attendance and participation at Excalibur Theatre Arts Co. ("ETAC"). Signee understands that injuries and accidents can arise out of the activity; knowing the risk, I hereby agree to assume those risks and to release and to hold harmless ETAC who, through negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages. Signee does hereby release and forever discharge and hold harmless ETAC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any liability or claim that the Signee may have against ETAC with respect to any bodily injury, personal injury, illness, death, property damage or property loss that may result from Attendee's activities with ETAC, whether caused by the negligence of ETAC, its members, employees, agents or otherwise. Signee also understands that ETAC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. It is understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

This agreement is entered into and completed on the date as indicated below.

Signee (Attendee) Signature (19 years and older)

Date: _____