

CONTRACT/RELEASE OF LIABILITY WAIVER

CAROL ANN'S DANCE STUDIO, LLC 2015-16

P.O. BOX 97, KAWKAWLIN, MI 48631

989-345-7055 WEST BRANCH carolannsdancestudio@gmail.com

As the parent/legal guardian of _____,
I do hereby attest that I have enrolled him/her as a dance/gymnastic student for the year 2015-16 at Carol Ann's Dance Studio, LLC and fully understand that the studio and/or its associates are not responsible for any losses or injuries incurred or related to any activities while the above named student is a participant in classes or related performances.

I also understand that class payments are due the first of every month for regular and closed classes and classes paid on or before the *fifteenth* (no exceptions to this date) of every month will be given a \$5.00 discount. If the student is enrolled in a private or semi-private lesson, I understand that payment is due the day each lesson is given and that if not paid within one week of this date, a \$2.00 late fee will be charged for each week payment is late. Private and semi-private lessons canceled without adequate notice given to the studio will be charged at regular class rates. I understand that all gymnastic students are required to pay a non-refundable insurance fee on or before October 1, 2015 or they will not be allowed to participate in class. Insurance fees paid after October 1, 2015 will be charged a \$10 late fee. Customers will be charged \$30 for checks returned unpaid and any person with more than one returned check will be on a cash or credit card only payment method thereafter.

Any student who misses an excessive amount of classes will be required to take regularly priced private lessons at the instructor's discretion in order to remain in class. All students are required to have the necessary color and style of shoes for all classes by October 8, 2015. A leotard and tights are required for all dance classes.

I understand that a deposit of \$25 per costume deposit must be paid on or before November 12, 2015. Deposits made after November 13, 2014 will be charged a \$5 late fee per costume. The remaining costume balance must be paid on or before December 10, 2015 or a costume will NOT be ordered. If costume balances are paid *after* December 10, 2015, there will be an additional \$10.00 charge per costume and delivery in time for the recital is not guaranteed. I also understand that all costume payments are non-refundable and tights are NOT INCLUDED in the price of costumes and must be ordered and paid for separately.

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I understand that I will also be responsible for paying a non-refundable recital fee, which includes 5 tickets, of \$60 per family on or before April 21, 2016. Recital fees paid *after* April 21, 2016 will be \$70.

I also give consent to have this student video taped and photographed for performance and promotional purposes.

If not previously paid, a \$30 per student or \$60 per family yearly enrollment fee must accompany this signed and dated form and by signing, I agree that I am responsible for paying all fees described in this document.

Signature of parent/legal guardian

Date

Printed Name