



## Dancer Registration Form

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

In case of emergency please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

To better serve the Student, please share any necessary medical information that we should be aware of while he/she participates in the Out Loud Dance class, including any disabilities. For example, please list emergency medications, verbal/nonverbal cues, behavior modifications, seizures, and any other information you would like us to be aware of. If the Student requires emergency medication it must be with them during the class.

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**\* Registration requires completion of the attached Waiver and Release of Liability Form and Media Consent Form**



## Tell me about yourself!

What is your favorite activity or thing to do?

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What is your favorite kind of music?

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What is your favorite food?

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Who is your favorite TV or movie character?

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What do you do to feel calm?

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## Waiver and Release of Liability

In consideration of Student's participation in dance-related activities in the Out Loud Dance class operated by Out Loud Studios, Inc. ("Activities"), the Student or Parent or Legal Guardian of Student hereby agrees as follows:

I fully understand and acknowledge that: (a) the Student's participation in the Activities may result in injury or illness, including, without limitation, bodily injury, or other ailments; (b) these risks and dangers may be caused by the negligence of Out Loud Dance or its agents, employees, organizers, chaperones, volunteers or representatives (collectively, the "Out Loud Dance Parties"), the negligence of other students or guests, accidents, breaches of contract, the forces of nature or other causes; and (c) these risks and dangers may arise from foreseeable or unforeseeable causes. In consideration of Out Loud Dance permitting the Student to participate in the Activities, I hereby assume, on behalf of the Student, all risks and dangers and all responsibility for any losses and/or damages arising in connection with the Activities, whether caused in whole or in part by the negligence or other conduct of the Out Loud Dance Parties, or by any other person.

I hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Out Loud Dance Parties from and against any and all claims, actions, causes of action, liabilities, suits and expenses (including, without limitation, reasonable attorneys' fees) that are related to, arise out of or are in any way connected with Student's participation in the Activities, whether caused in whole or in part by the negligence or other conduct of the Out Loud Dance Parties, or by any other person. I specifically understand that I am releasing, discharging and waiving any claims or actions that I or my family members, personal representatives and heirs may have presently or in the future for the negligent acts or other conduct of the Out Loud Dance Parties.

**I HAVE READ THE ABOVE WAIVER AND RELEASE AND, BY SIGNING IT, I AGREE THAT IT IS MY INTENTION TO EXEMPT, RELIEVE AND INDEMNIFY THE OUT LOUD DANCE PARTIES FROM ALL LIABILITY FOR PERSONAL INJURY OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE ARISING FROM OR RELATED TO THE STUDENT'S PARTICIPATION IN THE ACTIVITIES. I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT. I AGREE THAT, IN THE EVENT THAT ANY PROVISION OF THIS AGREEMENT IS HELD OR ADJUDICATED TO BE CONTRARY TO ANY STATUTE OR LAW OR OTHERWISE UNENFORCEABLE, THE REMAINING PROVISIONS SHALL BE ENFORCEABLE TO THE FULLEST EXTENT PERMITTED BY LAW.**

By: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Student's Signature)

Date: \_\_\_\_\_

### **If student is a minor or otherwise lacks capacity to execute:**

I am the parent or legal guardian of \_\_\_\_\_ ("Student"). I hereby give my permission for Student to participate in the Out Loud Dance class and agree that the information provided is accurate and complete. I have the legal right to consent to and, by signing below I hereby do consent to the terms and conditions of this Waiver and Release.

By: \_\_\_\_\_  
(Signature of Parent or Legal Guardian)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Media Consent Form

Out Loud Studios, Inc. (the "**Company**"), desires to photograph and/or videotape the individual named below ("**Participant**") during participation in the Out Loud Dance class and related activities periodically for presentations and program development including but not limited to educational presentations, promotional materials, potential fundraising opportunities, community events, and volunteer recruitment. Participant hereby gives the Company permission for such use and publicity for such purposes, according to the terms and conditions set forth in this Media Consent Form.

Participant hereby authorizes the Company to display, publicly perform, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, alter, edit, adapt, create derivative works, otherwise use Participant's image, voice, performance, and other personal characteristics and all materials created by or on behalf of the Company. Such use includes but is not limited to printed materials, videos, company website, YouTube, Facebook and other social media websites and applications. All photographs and videos become property of Out Loud Studios, Inc.

\_\_\_\_\_ YES (Participant) \_\_\_\_\_ MAY participate in photographed and videotaped activities and performances.

\_\_\_\_\_ NO (Participant) \_\_\_\_\_ may NOT participate in photographed and videotaped activities and performances.

**BY SIGNING, I, \_\_\_\_\_ (PARTICIPANT/PARENT/LEGAL GUARDIAN) HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS FORM. I UNDERSTAND THAT IF I DO NOT SIGN THIS WAIVER, PARTICIPANT WILL NOT BE ABLE TO PARTICIPATE IN THOSE PERFORMANCES AND ACTIVITIES WHERE PHOTOGRAPHY AND/OR VIDEOTAPING WILL OCCUR.**

Signature \_\_\_\_\_  
(Participant/Parent/Legal Guardian)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_