

# THE THRILLER DANCE EXPERIENCE



Name: \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Emergency contact name \_\_\_\_\_ No. \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child suffer from any allergies, illness, disability or other medical conditions? If yes, please detail below.

Yes ☐ No ☐

Where did you hear about us? \_\_\_\_\_

Please indicate method of Payment ☐ Venmo ☐ Zelle ☐ Check ☐ CREDIT **3.00 FEE**

**TUITION: \$39 per dancer**

**Tuition due at time of enrollment- All tuition becomes nonrefundable 1 week prior to event.**

## LOCATION:

PREMIERE DANCE STUDIO

620 Sullivan Pl Rd, Seymour, TN 37865

This is a 4 hour long dance intensive that will take place on **SATURDAY, OCTOBER 24** from 9am to 1 pm. Please plan to bring water and 2 snacks.

Total amount Due: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

*(Tuition of \$39 per dancer must be paid at time of enrollment)*

# WAIVER OF LIABILITY

## Informed consent- Group Release of Liability \*\*\*Please Read Carefully\*\*\*

I \_\_\_\_\_ (name of parent) In consideration of being allowed to participate in THE THRILLER DANCE EXPERIENCE and use of facilities at Premiere Dance Studio, I do forever waive, release and discharge Brandi Senior, Blaine Senior, Take the Stage Performing Arts, Premiere Dance studio Centers and their associates and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person, child, and/or property, including those caused by negligent acts or omission of any of those mentioned or others acting on their behalf arising out of or connected with my participation in this activity, and I hereby agree to submit any and all claims to binding arbitration and abide by the judgment of that arbitration. \_\_\_\_\_ (please initial)

I fully understand that as with any physical activity, my child may injure themselves as a result of participation and forever waive release and discharge Brandi Senior, Blaine Senior, Take the Stage Performing Arts and Premiere Dance studio from any liability now or in the future, including but not limited to muscle or ligament tears, strains, sprains, pulls, broken bones, dislocations, joint problems, shin splints, heat exhaustion, knee, back, hip or foot injuries, as well as the potential for heart attack, paralysis or death, however caused, occurring during or after my participation in this musical theater camp. \_\_\_\_\_ (please initial)

I declare my child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent participation in this activity. I understand that a medical examination to assure physical fitness is desirable and obtaining such examination is my own responsibility. I acknowledge that my child has had a physical exam and has been given my physician's permission to participate in this activity or I have decided to participate in this activity without the approval of my physician and do assume all responsibility for the participation in this activity. I fully understand that I am forever giving up, in advance, any right to sue or make claim against the parties I am releasing, if my child suffers any injuries or damages, even though I do not know what or how extensive those injuries or damages might be. I am voluntarily assuming the risk of those injuries or damages. \_\_\_\_\_ (please initial)

I understand that Brandi Senior, Blaine Senior, Take the Stage Performing Arts and Premiere Dance studio, by providing and maintaining this program does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto. \_\_\_\_\_ (please initial)

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed and am not under any physical or emotional duress to sign. I am at least eighteen (18) years of age and fully competent. In case of emergency, I agree to allow the above parties to call for emergency medical assistance for my child and I am aware that I am financially responsible to those medical services. \_\_\_\_\_ (please initial)

(Name of Parent/Guardian) \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**ATTENDANCE-BEHAVIOR AGREEMENT/ CANCELLATION POLICY/ DRESS CODE**

**Please discuss these expectations with your child.**

**Registration is not complete unless we have received signed forms and paid tuition.**

I am aware that participation in THE THRILLER DANCE EXPERIENCE will place my child in a position to be recorded or photographed. I grant my permission to the Take the Stage Performing Arts, its directors, choreographers, Premiere Dance studio or any governing body to record, use for promotion, and/or publish without any compensation to me or to my family for the use thereof. Initial\_\_\_\_\_

I understand that students must be on their best behavior at all times. Bullying, disrespectful behavior, verbal abuse, physical abuse or inappropriate misconduct of ANY KIND toward teachers or peers will NOT be tolerated. If in fact this becomes the case, the directors, choreographers, and all governing bodies of Premiere Dance studio reserve the right to remove a student from the program with no monetary refund. In addition, if my student decides to cease attendance at any time during the duration of the event, I will not be due any refund of tuition. Initial\_\_\_\_\_

I understand that this is a 4 hour long event, and I understand I cannot drop off or pick up my child more than 30 min prior to start time or 30 min after the class ends. I understand that if my student misses any of this time for any reason, OR decides to quit early, I WILL NOT RECIEVE any sort of refund or credit of tuition. Initial\_\_\_\_\_

I agree to the dress code policy of no opened toed shoes, or skirts, I agree to dress my child in comfortable, athletic wear/dance wear. I also understand that I am responsible for sending water and snacks for my child. Initial\_\_\_\_\_

**STRICT CANCELLATION POLICY:** All tuition becomes non refundable 1 week prior to event date.

**I fully understand the conditions and guidelines set forth here and agree to abide by them.**

\_\_\_\_\_  
(Parent's Printed Name)

\_\_\_\_\_  
(Parent's Signature)

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

**Please return all completed forms and payment to :**

**Blaine and Brandi Senior  
Take the Stage Performing Arts  
2301 Bishops Bridge Rd, Knoxville TN**

**Or email to [TTSMusicArts@gmail.com](mailto:TTSMusicArts@gmail.com)**

**Payments can be completed via Credit card, Venmo, Zelle, check or money order.  
Please call 865-253-7694 with any questions.**