

PLEASE READ AND INITIAL THE FOLLOWING AGREEMENT

_____ : Initial - Tuition Payments

I agree to pay a non refundable registration fee of \$30 per student (\$20 for each dancer after) and tuition of \$_____ per/ month for classes. Tuition rate is determined by the number of hours taken weekly. **I UNDERSTAND THAT ALL PAYMENTS ARE DUE BY THE 1ST OF THE MONTH AND AN AUTOMATIC DRAFT WILL OCCUR ON THE 5TH OF EVERY MONTH IF THE BILL IS NOT PAID.** If the 5th falls on a day that the office is closed, automatic draft will occur on the next business day. If you have two or more dancers you will receive a 2% discount. If you pay tuition for entire year (9 months) you will receive an additional 5% discount. **There is a \$35 fee for all returned checks and \$20 fee on all credit cards declined for non-payment. A late fee of \$10 will be placed on your account if tuition is not paid** by the 5th. NO EXCEPTIONS unless approved by Brooklyne Williamson. Please see Monthly Tuition Rates and Rate Chart attached for information. **A CREDIT CARD MUST BE ON FILE. NO EXCEPTIONS**

_____ : Initial - Auto Draft Tuition

By placing my initials above, I am requesting for tuition to be auto drafted on the 1st of each month. I understand that management will call and ask permission before drafting any additional payments such as costume or competition fees, but they will not call monthly prior to running my card on file for tuition fees.

_____ : Initial - Auto Draft Account

By placing my initials above, I am requesting for all charges to be drafted on the 1st of each month. I understand that management will automatically run my card on file and not call prior to go over charges. I understand that I can go on the portal at anytime to review any charges.

_____ : Holiday/Bad Weather Closing or Missed Classes+

Tuition payment is the same regardless of the amount of lessons in the given month. Whether we have a short month (3 weeks) or a long month (5 weeks), tuition remains the same since they balance each other out.

There are no adjustments or deductions for vacations, short months or missed classes due to illness or any reason. Any missed class is the students responsibility to make up.

_____ : Student/Parent Info & Email Notices

I agree to keep my information up-to-date with the office. I also understand that a lot of communication between EDC, parents and dancers is done through email. I understand that the EDC office will send out notification in reference to class studio information including: an account statement, class cancelations/make-up dates/adjusted schedules, master classes, yearly performance info, etc.

_____ : Withdrawal Policy

I have read and understand the terms in which I must follow in order to successfully withdraw from EDC. I realize that if I do not follow the guidelines listed in the handbook; withdrawal will not be acknowledged by EDC.

_____ : Personal Release

As a registered student of Evolution Dance Complex, the registration to the studio which is hereby acknowledged, I hereby irrevocably grant to you, your successors, it's agents, affiliates, licensees and assigns, the non-exclusive right, but not the obligation, name, likeness and voice in connection with and as a part of your Evolution Dance Complex programming (the "programs," and in all exploitation, advertising promotion, publicity, title sequence and ancillary marketing and merchandising campaigns. The program(s) may exhibit and exploited by you by any and all methods and means in any and all media (including without limitations the Internet (including Face book and Instagram), and likeness, and biographical information pertaining to me in connection of the dance school program(s). I hereby release Evolution Dance Complex (and any of its agents, affiliates, licensees, and assigns) (the producer) from and against any and all claims, causes of action, suits, costs, liabilities and damages whatsoever that I now or hereafter may have against Producer in connection with any program and the preparation, production and/or any exploitation thereof, or any other use of the Events or of any rights granted to you herein.

I warrant that I am fully authorized to grant the rights granted in this agreement.

_____ : Release of Liability

As the legal parent or guardian, I release and hold harmless Evolution Dance Complex staff, its owner and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of EDC staff, its owner and operators or in route to or from any of said premises.

_____ : Medical Release

The undersigned gives permission to Evolution Dance Complex staff, its owner and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician be called and that my child be transported to the hospital. I give permission to administer Tylenol and/or Motrin as needed at the studio.

Signature of parent or guardian

Date