



Competition & Performance Team Application

Please submit along with a current headshot & Registration Fee

Student Name:

Age:

Date of Birth:

Auditioning For: _____ Performance Team

_____ Competition Team

_____ Either

Why do you think you would be a great addition to this team?

Name of Parent/Guardian:

Address:

Home Phone:

Cell Phone:

Email Address:

Emergency Contact:

Allergies/Special Needs:

How did you hear about this audition?

Liability Waiver

I am aware and fully understand that there are risks and dangers associated with participation in dance classes and different dance movements of the varied dance disciplines. These movements and activities could result in bodily injury, partial or total disability or death. The social and economic losses or damages which could result from these risks and dangers could be severe. I acknowledge that it is standard teaching protocol that students may be physically touched by a Rise Academy of Dance, ("RAD") Instructor during such student's instruction and I will not hold RAD liable for such physical touching. I understand that these risks and dangers may be caused by the negligence of the participant or the negligence of others. There may be risks not known to us or not foreseeable at this time.

I accept and assume all such risks and responsibilities of the losses and/or damages following such injury and/or disability however caused or alleged to be caused in whole or in part by the negligence of RAD, its Instructors, independent contractors, hosts, other participants/students, sponsors, advertisers, owners, officers and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by RAD.

Consent for Emergency Treatment: In cases of emergency, RAD is authorized to arrange for medical services for the student and I consent to appropriate medical and surgical service recommended by licensed medical professionals. I accept full responsibility for all costs of said medical care and any emergency treatments. RAD will not be responsible for the cost of any medical care or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments. I agree that RAD will not be held liable for and agree to hold RAD harmless from any and all liabilities, losses, damages or expenses related to the student's participation in any activities at RAD.

PLEASE INITIAL HERE (____)

PART 2: Release & Authorization For Use of Photographs & Video

You hereby agree that you or your Children may be photographed or filmed by or on behalf of RAD during the course of your participation in RAD Programs (any such material is referred to as your "Images"). You further agree that RAD shall have an irrevocable, perpetual, world-wide, royalty-free and fully assignable right and license to display, transmit, exhibit, distribute, publish, or otherwise use in any manner whatsoever, in whole or in part, any of your Images for RAD's marketing purposes, including, without limitation, in connection with any communication, advertisement, or promotion in any media whether now known or hereafter devised, including, without limitation on RAD's website, print ads and social media accounts. You acknowledge and agree that you will have no right to payment or other consideration in connection with RAD's use of any of your Images and that RAD has no obligation to produce or use any such Images. Once your Images have been published or otherwise publicly distributed, RAD will have no ability to take them down or prevent further distribution by others.

PLEASE INITIAL HERE (____)

PART 3: Coronavirus Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that it can also live on and be transmitted through surfaces. I acknowledge that RAD has put preventative measures in place to reduce the spread of COVID-19; however, RAD cannot guarantee that my child(ren) or I will not become infected with COVID-19 or any other communicable disease or illness.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending classes at RAD and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at RAD may result from the actions, omissions, or negligence of myself and others, including, but not limited to, RAD employees, independent contractors, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at any RAD programming.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless RAD, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of RAD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any RAD program.

PLEASE INITIAL HERE (____)

I HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY. I HAVE READ THE STUDIO POLICIES AND UNDERSTAND THAT FAILURE TO ABIDE BY THESE POLICIES AND STANDARDS SET FORTH MAY REQUIRE DISMISSAL FROM THE STUDIO. I

_____ (Parent's Name), hereby represent to Rise Academy of Dance that my child _____ is of sound health and has no history of a medical or physical condition which could in any shape, manner or form place my child at risk because of said condition. I acknowledge that I have been informed by Rise Academy of Dance, of the nature of the instruction my child will receive and that such instruction involves physical exercise, exertion and stress, which could result in injury and /or disability.

Parent Signature: _____ Date: _____