



CUSTOMER INFORMED CONSENT AND RELEASE

I have received or will obtain a copy of Academy of Dance Arts policies and will take the responsibility to carefully read and follow the rules and policies therein. I understand that Academy of Dance Arts does not give credit and/or refunds for class(es) missed due to holiday, vacation, illness, weather, etc. I further understand that there are specific risks of physical or property damages, losses, or injury that may result from my or my child's participation with Academy of Dance Arts, and I voluntarily assume the risks associated with such participation.

I Accept _____

In consideration of the benefits of instructions provided by the Academy of Dance Arts for my child, I, intending to be legally bound, do hereby enroll my child named above, in the program and do hereby waive claim and release the Academy of Dance Arts, Directors, Faculty, and/or any other instructors, and/or other personnel for claim or liability for any injury, or accident occurring or arising from the instructional program or incidental sponsored activities either on or off these premises (7 Prestige Cir. #100, Allen, TX 75002). The undersigned authorizes Academy of Dance Art to use their child's image in part or whole in publications and or the website, www.danceada.com.

I Accept _____

Electronic Signature Agreement. By selecting the "I Accept" checkbox, I am signing this agreement electronically. I agree this electronic signature is the legal equivalent of my manual signature on this agreement.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I Accept _____