



## Waiver & Photo Release:

In attending MOVES Dance studio/program, taking dance or exercise classes and otherwise using the Wheaton Sport Center facilities and equipment therein, I do so at my own risk. MOVES and the Wheaton Sport Center shall not be liable for any damages arising from personal injuries incurred by me in, on or about the premises of the Wheaton Sport Center or the MOVES Dance studio/program relative to my attendance at the dance studio, taking dance or exercise classes or otherwise using the Wheaton Sport Center facilities and equipment therein. I assume full responsibility for any injuries or damages which may occur to me in, on or about the premises of the MOVES Dance studio/program or the Wheaton Sport Center, and I do hereby fully and forever release and discharge MOVES and the Wheaton Sport Center, its shareholders, directors, officers, dance instructors, employees and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my use of said MOVES dance studio/program, dance classes, the Wheaton Sport Center facilities and equipment thereof. I am aware of the possible risks inherent in the nature of the activities provided by Wheaton Sport Center and MOVES and that Wheaton Sport Center and MOVES does not provide medical insurance covering injuries of any nature incurred in any activity and/or event. In addition, for valuable consideration received, I grant MOVES, A Dance and Fitness Studio, Inc. and the Wheaton Sport Center, the unrestricted right to use and publish photographs or video clips/footage of me, for PR, promotional use, editorial, trade, advertising for the Sport Center and/or MOVES projects, books, lecture slide show and website in any manner or medium, I hereby warrant that I am of full age and have the right to contract in my name. In the case of a minor, I warrant that I have every right to contract for the minor. I hereby release MOVES, A Dance and Fitness Studio, the Wheaton Sport Center and assignees from all claims and liability relating to said photographs.

## Cancellation Policy:

To qualify for a cancellation from the Moves Dance Program, participants are required to give written notice at least 1 week prior to the beginning of a new term. Students are responsible for attending the class/es in which they have registered. No refunds or credits will be given for mid-term cancel requests\* or classes missed. \*The only exception to mid-term cancellations will be given due to long term illnesses or injury that would prevent a participant from completing the remainder of the session and must be accompanied by a Doctor's note. The refund is for the remainder of the current class session and will be calculated from the date the physician's note is submitted. A \$10 fee per registrant will be charged for all medical cancellations. Students will be permitted to transfer to another Moves Dance class within the same term without penalty. Any class cancellations by Moves, students will not incur any penalties.

**Please Note:** If you are a Guest attending class at Wheaton Sport Center and are accompanying your child to class and remain at the Wheaton Sport Center for the duration of the class, please know that you will be allowed only ONE adult to accompany them into Wheaton Sport Center. Please refrain from bringing in other siblings, friends or family members. The Wheaton Sport Center location is not structurally designed for daily/weekly viewing. To accommodate this policy, we invite all parents to attend their child's class during Parent Observation Week which is held the last week of each term and at which time parents are invited to come into the actual classroom and view the whole class.

**Late Payment Policy:** Should payment not be received and/or credit card declined, a \$20 late fee will be assessed. Any overdue payment past 3 weeks, your dancer will not be permitted to participate in class and will not be able to attend any subsequent term until all fees due/applicable are received and processed.

I HAVE READ THE ABOVE TERMS OF THIS AGREEMENT UNDERSTAND SAME AND AGREE TO BE BOUND BY EACH AND EVERY ITEM. THE WAIVER MUST BE SIGNED IN ORDER FOR REGISTRATION TO BE VALID.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# OFFICE USE ONLY

Term 1	<input type="checkbox"/> Status	<input type="checkbox"/> Expired _____ (10/17/11)	<input type="checkbox"/> UDF	<input type="checkbox"/> Allow CC	<input type="checkbox"/> Enrolled CSI	Processed by _____	Date _____
Term 2	<input type="checkbox"/> Status	<input type="checkbox"/> Expired _____ (12/12/11)	<input type="checkbox"/> UDF	<input type="checkbox"/> Allow CC	<input type="checkbox"/> Enrolled CSI	Processed by _____	Date _____
Term 3	<input type="checkbox"/> Status	<input type="checkbox"/> Expired _____ ( 2/20/11)	<input type="checkbox"/> UDF	<input type="checkbox"/> Allow CC	<input type="checkbox"/> Enrolled CSI	Processed by _____	Date _____
Term 4	<input type="checkbox"/> Status	<input type="checkbox"/> Expired _____ ( 4/16/12)	<input type="checkbox"/> UDF	<input type="checkbox"/> Allow CC	<input type="checkbox"/> Enrolled CSI	Processed by _____	Date _____
Term 5	<input type="checkbox"/> Status	<input type="checkbox"/> Expired _____ ( 6/12/12)	<input type="checkbox"/> UDF	<input type="checkbox"/> Allow CC	<input type="checkbox"/> Enrolled CSI	Processed by _____	Date _____

## ACCOUNTING PORTION:

Term 1 (due 8/22/11)	<input type="checkbox"/> WSC Acct	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____
Term 2 (due 10/11/11)	<input type="checkbox"/> WSC Acct	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____
Term 3 (due 12/5/11)	<input type="checkbox"/> WSC Acct	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____
Term 4 (due 2/13/12)	<input type="checkbox"/> WSC Acct	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____
Term 5 (due 4/9/12)	<input type="checkbox"/> WSC Acct	<input type="checkbox"/> CC	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	Date _____	Notes: _____