



Choose Studio Location

ANDERSON **MT. LOOKOUT**

Parent/Guardian Responsible for Account: (please print clearly)

Address: _____
City, State, Zip: _____
Phone: Home () _____ Cell () _____
Email: _____

Student Name: _____
Birthday: _____ Grade: _____ Academic School _____
Year Started at Studio: _____ Years of Dance Experience: _____
Class: _____ Day/Time _____
Additional Class: _____ Day/Time _____

Student Name: _____
Birthday: _____ Grade: _____ Academic School _____
Year Started at Studio: _____ Years of Dance Experience: _____
Class: _____ Day/Time _____
Additional Class: _____ Day/Time _____

Student Name: _____
Birthday: _____ Grade: _____ Academic School _____
Year Started at Studio: _____ Years of Dance Experience: _____
Class: _____ Day/Time _____
Additional Class: _____ Day/Time _____

Permission for photography: Photos and videos will be taken through the year and at the recital for promotional purposes in print, on the web and anonymously on our social media sites. Yes, you have my permission. No, you don't have my permission.

Please complete waiver form below and return with Registration.

Mail or drop this completed form to: Gotta Dance Studios, a/k/a Gotta Studios, LLC, 7892 Beechmont Ave., Cincinnati, OH 45255.

GOTTA STUDIOS, LLC - WAIVER AND RELEASE OF LIABILITY
Completed waiver form must accompany registration.

My child, the student(s) named above (the "Student"), is participating in dance classes provided by Gotta Dance Studios, a/k/a Gotta Studios, LLC, an Ohio limited liability company (the "Company"). I recognize the possibility of physical injury to the Student associated with taking part in this activity, and accept and assume any and all risks of injury. I hereby waive, release, discharge, and/or otherwise indemnify the Company and its officers, directors, employees, agents, affiliates, members, successors and assigns from and against any and all claims, damages, losses and expenses incurred as a result of the Student's participation in the Company's dance classes, whether arising out of the negligence of the Company or any other released parties or otherwise. I, the parent and natural guardian or legal guardian of the minor Student(s) named herein, do hereby execute the foregoing Waiver and Release for and on their behalf. I hereby bind myself, the minor Student(s) and all of our respective successors and assigns to the terms of the Waiver and Release. Unless otherwise noted, photos or videos may be used for promotional purposes. I represent that I have the legal capacity and authority to act for and on behalf of the minor Student(s) named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor(s) in the execution of the Waiver and Release.

Signature of Parent or Legal Guardian: _____

Printed Name: _____ Date: _____