

Waiver Agreement

By signing below, I hereby agree to the following:

- 1. I understand that participation in Inspirational Dance classes may involve the risk of physical illness or injury to my child(ren) and/or myself. I give full consent for my child(ren)/myself to actively participate in classes, rehearsals, online classes, and performances from this date forward. I attest that my child(ren)/myself are in good physical condition and will provide any additional information regarding any physical restrictions or special needs, if applicable. In the event of illness or injury, I authorize Inspirational Dance to obtain necessary medical treatment for my child(ren) at any emergency facility, and I assume responsibility for any associated costs.
- 2. I agree to hold harmless Inspirational Dance and its owners, officers, operators, staff, employees, volunteers, and agents from any liability, wrongdoing, or negligence.
- 3. I give full permission for Inspirational Dance to use photos or videos of my child(ren) from picture day, classes, or performances for advertising purposes, with the understanding that their name will not be used.
- 4. I understand that there are **NO REFUNDS**, including for paid-in-full tuition. Inspirational Dance may offer credit under certain circumstances. **No exchanges** are allowed for merchandise purchased (tights, dancewear, costumes, etc.).
- 5. Early Registration Rates must be paid on the due date to receive the discount rate.
- 6. I understand that **tuition is due the first week** (1st-7th) of every month. A \$25 late fee will be applied to any delinquent payments (**NO EXCEPTIONS**). Once the first class is taken, I am responsible for full tuition for the dance year, including costume deposits and balances.
- 7. I understand that a **mandatory dress code** is in place, as proper attire is essential for dance training and performance. My child is expected to arrive in uniform, prepared to participate in both in-person and online classes.
- 8. I understand that I am responsible for paying **all fees**, including registration, full tuition, and costume deposits, for the dance year (September–June) and/or the Summer Intensive program. Additionally, I am responsible for purchasing recital tickets if I wish to attend my child's performance.
- 9. I understand that if my tuition is **60 days overdue**, I can be dropped from all classes, and I will remain responsible for any balance owed (**NO EXCEPTIONS**).
- 10. I understand that **excessive absences** may result in being dropped from classes and/or being unable to participate in recitals or performances. Private lessons may be required to make up missed material, subject to choreographer availability.
- 11. I understand that **costume alterations** may be necessary to fit my child(ren). Tights, accessories, and shoes are **not included** in costume fees.
- 12. In the case of **inclement weather**, notifications will be made via email, text, or social media.
- 13. If my child is sick, I will notify the studio via **email** and **phone**. Makeup classes will be scheduled based on availability and approval from the director/teacher.
- 14. Inspirational Dance reserves the right to withdraw any student whose behavior disrupts the studio or hinders the learning experience for others. Inspirational Dance will not tolerate disrespectful behavior from parents toward staff members and reserves the right to immediately terminate their contract without a refund if such behavior occurs.
- 15. **No video or flash photography** is allowed during classes or performances. I understand that I am expected to drop off and pick up my child on time. A **\$25 late pick-up fee** (and up) will apply for late pickups.
- 16. I understand that there is a performance/rehearsal fee of Recital T-shirt/ video of end of year show fee \$100, which will be added to the final month's tuition.
- 17. If a **check is returned**, I understand there will be a **\$40 fee** and that future payments must be made via cash, credit, debit, or Zelle (to **dancette5678@gmail.com**, with payment verification required).
- 18. I would like to enroll in **automatic payments**, which will be charged on the 1st of every month:

Credit Card #:	
Exp.:	
CVC:	
Parent/Guardian Signature:	
Print Name:	

X ____