



# STUDIO 808 DANCEPROJECT llc

## Registration Form

### STUDENT INFORMATION

(PLEASE PRINT CLEARLY)

Check One: \_\_\_ M \_\_\_ F

\_\_\_\_\_  
 Last Name First Name

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Grade/School: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name/Male Guardian \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother's Name/Female Guardian \_\_\_\_\_ Cell Number: \_\_\_\_\_

Medical Problems (ie asthma, allergies) \_\_\_\_\_ Medication taking: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Person Responsible for Bill: \_\_\_\_\_

Billing Address if Different from Above: \_\_\_\_\_

### Waiver/Consent

Studio 808 Danceproject llc (Studio) is providing me or the student listed on this form (student), with instruction in all styles of dancing and allowing me or the student to participate in some, if not, all activities and/or events relating to all dancing programs.

**Release of Liability:** For and in consideration of the foregoing, I/student hereby assume the risk of any injuries and any loss of property that I/student, may sustain while receiving such instructions and participating in such activities. I/student do hereby remise, release, and forever discharge and promise to hold harmless the Studio and its respective officers, employees and agents from any action, suits, damages, claims or judgments that may result from any personal injury or loss of property that I/student may sustain while receiving the instructions or participating in the activities or events of the Studio. This release is binding on me/student and on my/student heirs and personal representatives and is valid for all instructions that I/student, receive and described activities I/student, participate in while taking dancing instructions at the Studio and all activities and/or events related to or sponsored by the Studio. **Financial Agreement:** The undersigned agrees, whether he/she signs as student (if over 18 years old) or as parent or guardian, that for consideration of the services listed above to be rendered by the Studio he/she hereby individually obligates himself/herself to pay the account at the rates and terms of the studio. Should the account be referred to a third party for collection, the undersigned shall pay all collection expenses and reasonable attorney's fees. Return check fee is \$30.00. A delinquent account may be charged interest at the legal rate. **Teaching/Re-teaching:** I/student understand and agree not to teach or re-teach any dances, routines and/or any choreography in part or entirety, without approval by directors of the Studio. **Media Consent:** I/student hereby give my consent to all photography, artwork, audio recording, video recording or writing submitted may be used by the Studio, its assignees or successors, in whatever way they desire, including television, CD-ROMs, web pages, publications, and other forms for the storage, reproduction of information or images. Furthermore, I/student hereby consent that such information, photographs, videos and plates and/or other tapes from which they are made shall be their property, and that they shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student/Participant (if over 18 years old)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Father/Male Guardian (if participant is a minor)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mother/Female Guardian (if participant is a minor)

**STUDIO 808 DANCEPROJECT llc Waiver**  
**Assumption of the Risk and Waiver of Liability**  
**Relating to Coronavirus/COVID-19 & Studio Classes and Activities**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**Studio 808 Danceproject LLC** (the Studio) has put in place preventive measures to reduce the spread of COVID-19; however, the Studio **cannot guarantee** that you will not become infected with COVID-19. Further, **attending the Studio, participating in classes, rehearsals and other studio activities could increase** your risk of contracting COVID-19. By signing this agreement, I/my child acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19 by attending the classes/activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I/my child understand that the risk of becoming exposed to or infected by COVID19 at the Studio may result from the actions, omissions, or negligence of myself/my child and others, including, but not limited to, Studio employees, other students, vendors or affiliates and their families. I/my child voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself/my child (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I/my child may experience or incur in connection with me/my child's attendance at the Studio or participation in Studio classes, rehearsal, and activities. On my behalf, I/my child hereby release, covenant not to sue, discharge, and hold harmless the Studio, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I/my child understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Studio, its employees, agents, and representative, whether a COVID-19 infection occurs before, during, or after participation in any Studio services or activities. My signature indicates I DO NOT HOLD Studio 808 Danceproject LLC, its staff, employees, and Board members accountable for any accidents or the spread of COVID-19 that may occur as a result of participation in the Studio's classes, rehearsals, or activities. The participant is physically qualified to attend classes, rehearsals, and activities. I hereby authorize the Studio staff to act for me, according to their best judgement, in any medical emergency.

**All participants will have no-touch temperature check onsite.** **Temperature:** \_\_\_\_\_

**All participants are required to answer the following screening questions prior to participation. Circle your answer.**

- |  |            |           |
|--|------------|-----------|
| <b>1. Have you or any person within your household traveled out of the state of Hawai'i in the last 14 days.</b> | <b>YES</b> | <b>NO</b> |
| <b>2. Have you been in close contact with a confirmed case of COVID-19?</b>                                      | <b>YES</b> | <b>NO</b> |
| <b>3. Are experiencing a cough, shortness of breath or sore throat?</b>  | <b>YES</b> | <b>NO</b> |
| <b>4. Have you had a fever in the last 48 hours?</b>   | <b>YES</b> | <b>NO</b> |
| <b>5. Have you experienced new loss of taste or smell?</b>   | <b>YES</b> | <b>NO</b> |
| <b>6. Have you experienced vomiting or diarrhea in the last 24 hours?</b>  | <b>YES</b> | <b>NO</b> |

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student/Participant (if over 18 years old)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Father/Male Guardian (if participant is a minor)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother/Female Guardian (if participant is a minor)