

## Participant/Parent/Guardian Waiver and Indemnity Agreement

I have read, understood and will comply with all guidelines, procedures, and policies put forth by Experience Arts School.

In consideration of your accepting me, or my child, for participation at Experience Arts School, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the aforementioned organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the aforementioned program, activity, sport, dance sponsored by the aforementioned organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the aforementioned organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the aforementioned organization for damages arising out of the aforementioned program, activity, sport or dance. I will personally indemnify, defend, and hold harmless the organization and its agents, employees, and representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all conditions contained herein.

**If the student is not a minor, complete and sign below:**

Print Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If the student(s) are minors, complete and sign below:**

Print Student's Name(s) : \_\_\_\_\_ Age: \_\_\_\_\_

Print Student's Name(s) : \_\_\_\_\_ Age: \_\_\_\_\_

Print Student's Name(s) : \_\_\_\_\_ Age: \_\_\_\_\_

Print Student's Name(s) : \_\_\_\_\_ Age: \_\_\_\_\_

Print Student's Name(s) : \_\_\_\_\_ Age: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the following information for our files:**

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Home: \_\_\_\_\_ None

Make Checks payable to: **Experience Arts School**

I understand that I am registering for the full semester for the listed packages/classes and am thus responsible for the full tuition.

**(Sign here)** \_\_\_\_\_ **(Date)** \_\_\_\_\_