

Kearsarge Conservatory Of the Performing Arts

A Place where you'll find Art in Motion

Hold Harmless Agreement

(Please read and sign the following Hold Harmless Agreement)

Thank you very much for your interest in taking dance lessons through Kearsarge Conservatory of the Performing Arts. It is our goal to maintain a personal yet professional approach to dance. We want you to know that we are also committed to providing a healthy and safe environment where our students can enjoy themselves while learning to dance.

Please complete the following agreement and sign below:

I realize that I will be participating in a physical activity, and as such, I also realize there is an element of risk involved. I do not hold Kearsarge Conservatory of the Performing Arts, Angela Tarleton, its other teachers, responsible for any injury that may occur during the course of my or my child's instruction. I also hold the facilities harmless for any accident or illness that may occur while attending classes or traveling to, at, or from events associated with my dance activities.

In the event of an accident or illness that may leave me incapacitated please contact the person(s) below:

In the event the person(s) indicated below can not be contacted, I hereby authorize Angela Tarleton or my instructor to take any reasonable steps necessary on my behalf. In such event, I further agree that the cost of such medical services shall be borne exclusively by myself.

Printed Name _____ Signature _____ Date _____

Medical Release

(Please complete and sign the following Emergency Medical Release)

I, (please clearly print your name) _____ realize my child _____ will be participating in a physical activity, and as such, I realize there is an element of risk involved. In the event of an accident or illness to my child, I should be notified immediately. My phone number is _____. In the event I cannot be contacted, I hereby designate (name) _____ as the person to be contacted. Their phone number is _____. In the event that neither of us can be contacted, I hereby authorize the staff of Kearsarge Conservatory of The Performing Arts or Angela Tarleton to take any steps it deems necessary to seek reasonable medical attention. In such an event, I further agree that the cost of such medical services shall be borne exclusively by my self.

Printed Name _____ Signature _____ Date _____

Photo, DVD, Video Release

(Please complete and sign the following Photo DVD and Video Release.)

I, (please clearly print your name) _____ realize my self or my child _____ will be participating in a group activity, and as such, I realize there may be times when Photos, Digital Videos for DVDs or Videos may be taken during classes, performances or parties authorized by Kearsarge Conservatory of The Performing Arts. I authorize Kearsarge Conservatory of the Performing Arts to use the images of my self or child, for advertising in the form of posters, flyers, newspaper, magazine adds or on the website for Kearsarge Conservatory of The Performing Arts.

Printed Name _____ Signature _____ Date _____