

#### WAIVER OF LIABILITY

I, the undersigned parent or legal guardian of the dancer(s) herein, do hereby give permission for the aforementioned dancer(s) to participate in any and all classes, programs, shows and events offered by or attended by the Cincinnati Dance and Movement Center and the Tina Marie School of Dance, Inc. (hereafter referred to as "CDMC/TMSD.") I accept all risks associated with that participation and understand that there is a full possibility of serious physical harm or injury. I hereby covenant not to sue, and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against CDMC/TMSD and its officers, directors, employees, faculty and/or other assigned representatives or volunteers from any and all liability for any and all damages and/or injuries which may be sustained or suffered by the dancer(s) listed while participating at or for CDMC/TMSD. Furthermore, I hereby give my permission to CDMC/TMSD to use photographs and/or videos of the dancer(s) listed for the promotion of CDMC/TMSD.

#### CERTIFICATION OF INSURANCE AND PERMISSION FOR MEDICAL TREATMENT

My signature indicates my certification that I have medical insurance on the dancer(s) listed herein and will maintain continuous medical coverage while he/she is a student of CDMC/TMSD. I also authorize CDMC/TMSD and its officers, directors, employees, faculty and/or other assigned representatives or volunteers to use standard first-aid procedures on the dancer(s) and I consent to any other medical procedure that is deemed necessary in the case of an emergency. Furthermore, I certify that I personally will be responsible for all expenses which are incurred in relation to any injury sustained during any class, program, show, or event offered by or attended by CDMC/TMSD.

#### TUITION PAYMENTS

My signature indicates that I understand and accept there are ten (10) tuition payments due for the dance year (September 2018 through June 2019 recital), and that the due dates are the 1<sup>st</sup> of the month, September 2018 through June 2019. I further agree to pay a late fee of \$10 if, on the fifth of the month, I have not paid that month's tuition payment or my account is carrying a balance for other past-due bills. I further agree to pay a \$25 fee for any check that is returned unpaid for any reason.

#### ACCEPTANCE OF RULES AND REGULATIONS

My signature indicates that I have read, understand and agree to abide by all rules, regulations, policies, and procedures set forth by CDMC/TMSD and its officers, directors, employees, and faculty, as well as any additional rules, regulations, policies, and procedures that may be set forth throughout the year. I agree to make all payments by their assigned due date. I agree to accept financial responsibility for all fees incurred, including, but not limited to, all charges and fees assessed if proper procedure is not followed, such as late fees and returned check fees.