

## Waiver & Release

I agree to participate at ARS NOVA DANCE STUDIO(ARS NOVA EVENTS LLC )under the following conditions:

1. I recognize the risks of injury common to any dance studio and that my child is participating in this program upon express agreement and understanding that I am hereby waiving and releasing ARS NOVA EVENTS LLC. and against any and all claims, actions, causes of action, damages, costs, liabilities, expenses or judgements, including attorneys fees and court cost, arising out of my child's participation in the program. I hereby execute this Waiver and Release form to induce ARS NOVA EVENTS LLC. to permit my child to participate in their program. \_\_\_\_\_Initial
2. I understand that tuition is divided into 10 equal installments. I understand that I must pay first installment and registration fee on my day of registration. I understand that tuition must be paid by automatic bank account debit or automatic credit or annual payment with 10% off. Tuition will be debited from my bank account on the 1st day of each month from Oct-May or charged to my credit card the 1st day of each month. The month of September is non-refundable. Credit Card or bank debit payments are not accepted in-person monthly. Payment must be by pre-authorized automatic monthly payment. All charges will appear on my bank statement or credit card statement as being from ARS NOVA EVENTS LLC \_\_\_\_\_Initial
3. I understand that there is a two-month minimum for all classes. One-month notice from the first of the month is required to discontinue any classes. I understand that if my child wishes to withdrawal that I must notify the office in person and complete a withdrawal form one month in advance, or I am responsible for that months tuition. All automatic bank debiting or credit card charges will stop after the one-month notice period. Classes with less than five students may be canceled, combined, or rescheduled Ars Nova discretion. \_\_\_\_\_Initial

I have read the Waiver & Release, and the rules and regulations and fully understand them.

My child has medical and/or health concerns that the studio needs to be aware of: \_\_\_\_\_

I have executed the Waiver & Release this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Parent or Guardian of above child)