

TOP BILLING ENTERTAINMENT PERFORMANCE ACADEMY

Registration Form & Waiver

Last Name _____ First Name _____ Age: ____ (optional)

Address: _____ City/Town _____ State ____ Zip Code: _____

E-Mail _____ Home Phone: (____) _____ Cell/Work: (____) _____

Special Medical/Physical Condition? _____

Emergency Contact: _____ Relation to you? _____ Phone # (____) _____

Parent's Name? (If participant is under 18 years of age.) _____ Phone Number (____) _____

HOW DID YOU HERE ABOUT US? A friend told you. Advertisement. The Internet. Drove or passed by. Other

ANY CLASSES OR CLASS TIMES YOU WOULD LIKE ADDITIONAL CLASSES OFFERED?

Class title or type: _____

Weekdays/times it should be offered: _____

Hold Harmless Agreement/Release Waiver

The undersigned parent/student indemnifies and agrees to holds harmless Top Billing Entertainment Performance Academy (TBEPA), its Board of Directors, officers, instructors, agents, and assigns from any and all liability whatsoever, for any damage or injuries, and from any and all claims and demands, including attorney fees, arising out of the party's participation in dance lessons, classes, workshops, performances, fundraisers and other related activities provided by and/or at the facility of TBEPA. The undersigned parent/student understands that students may occasionally appear in promotional performance videos, photos, brochures, and other materials as a result of his/her association with TBEPA. By registering a child/student for class, such use of the child/student's name and likeness are agreed to and acknowledged and, accordingly, all right, title and interest in same are waived. I have read and agree to the above terms and conditions of this agreement dated _____.

Printed Name _____

Signature _____

(Parent's signature if student is under 18) _____