



PARTICIPATION AGREEMENT WITH RELEASE OF LIABILITY

If Participant is under 18 years of age, Parent/Guardian must also sign this Agreement.

TERMS & CONDITIONS – I understand the policies and formats the Lone Star Ballet and Lone Star Dance Academy (**LSB/LSDA**) has set forth and agree that I will pay the fees for Participant’s classes and performances as stated upon registration and in the handbook, as well as a non-refundable registration fee. If Participant desires to change classes, Participant must promptly notify LSB/LSDA of the desired class change, which must be approved by LSB/LSDA. Participant will be responsible for fees as indicated in LSB/LSDA records until LSB/LSDA approves of the class change and you receive confirmation of sw aid change Personal or sick time off from class, school holidays, and vacation time will not alter Participant’s fee. However, Participant may consult with either the Artistic Director or the Academy Administrative Director about taking an alternate class at no additional cost to “make up” any missed classes.

CODE OF CONDUCT - I will conduct myself in a disciplined manner and cause my guests to behave in a disciplined manner. I will abide by all LSB/LSDA policies and rules. I understand that all violations of LSB/LSDA policies and rules are reported to the Artistic Director and may be grounds for dismissal at the sole discretion of LSB/LSDA.

PHYSICAL CONDITION CERTIFICATION - I certify that Participant is physically capable of participating in the classes and does not have any physical impairment that would adversely affect Participant’s participation in the classes.

IMAGE RELEASE – I authorize the use of my photograph recorded on film, disk or video by LSB/LSDA for any advertising, marketing or other promotional purposes, including internet posting on LSB/LSDA’s website and social media. For consideration received, I agree to allow LSB/LSDA to use, publish, sell, give title to or name, or copyright that still photography, moving pictures or video tape pictures, with or without sound, with my image in perpetuity. I understand that students cannot be edited out of group media recordings.

RELEASE OF LIABILITY and MEDICAL AUTHORIZATION - I understand that the activities offered by LSB/LSDA involve risks of accident and injury. Understanding those risks, I, for myself, my heirs, executors, and administrators, waive and release Lone Star Ballet and the Lone Star Dance Academy, their officers, representatives, successors, employees, contractors, and assigns from any and all liability and damages for any injury or loss that occurs in connection with traveling to, participating in, and returning from any LSB/LSDA activity, whether caused by LSB/LSDA negligence, the actions of Participant, or otherwise. I, for myself, my heirs, executors, and administrators, waive any and all claims that may occur from any cause whatsoever during or arising from participation in the classes or performances, including any injury to Participant or Participant’s guests or damage to Participant’s property or Participant’s guests’ property. LSB/LSDA shall not be responsible for and specifically disclaims any liability to Participant and Participant’s guests for any loss, theft, injury or liability incurred at an LSB/LSDA activity, except if resulting significantly from the gross negligence or willful misconduct of Lone Star Ballet, Inc or its employees. Further, I grant LSB/LSDA permission to authorize any emergency medical treatment that may be required to treat any injury sustained by Participant during an LSB/LSDA activity. LSB/LSDA will use reasonable effort to contact the emergency contact for Participant provided by Participant prior to the treatment of Participant, but that treatment will not be withheld if in the sole discretion of LSB/LSDA the injury requires emergency treatment or the emergency contact cannot be reached.

I warrant that I have read, understand and approve of this Agreement and agree that I shall be bound to the terms stated in this Agreement and in the academy handbook.

Participant’s Signature_____

Print Name_____

Parent/Guardian’s Signature_____

Print Name_____

Date_____



Release of Liability - Infectious Illnesses

I acknowledge, understand, appreciate and agree that myself and/or my child's participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. LSB will follow all governmental and health departments guidelines. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, even if arising from the negligence of the Lone Star Ballet staff, affiliates or others, and assume full responsibility for my participation and exposure.

I wave and release Lone Star Ballet's Staff, Board and affiliates of any and all liability, past and future, known and unknown.

I warrant that I have read, understand and approve of this Agreement and agree that I shall be bound to the terms stated in this Agreement and in the academy handbook.

Participant's Signature _____

Print Name _____

Parent/Guardian's Signature _____

Print Name _____

Date _____



2021- 2022 Draft Authorization / Credit Card Form

Student Name _____ Date _____

- I elect to pay by **Bank Draft** in equal monthly installments of: \$ _____
A \$10 charge will be assessed on all returned drafts
- I elect to pay by **Credit Card** in equal monthly installments of: \$ _____
- I elect to pay by **check or cash** in equal monthly installments of: \$ _____
Due on the 1st of each month, late on 10th of each month and a \$15 late fee will charged on the 15th
A \$10 charge will be assessed on all returned checks
- I elect to pay the first of each quarter (*receive a 5% discount*) \$ _____
- I elect to pay the entire year in full (*receive a 10% discount*) \$ _____
- I elect to authorize the payment of costume balance, recital fee or any other published fee by due date.

Credit Card Authorization

I agree that Lone Star Ballet can charge to the below credit card \$ _____ on the 5th of each month starting **October 2021 through May 2022**

Cardholder Signature: _____ Exp. Date: _____

CC Type: _____ CC #: _____ Code on Back: _____

Draft Authorization – Must attach void check

Authorization Agreement for Automatic Debits (ACH Debits)

Name on Account: _____

I (we) hereby authorize Lone Star Ballet, Inc. (Company) to initiate debit entries for \$ _____ and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our):
_____ Checking _____ Savings Account (select one), indicated below.

Depository Name: _____

City, State: _____

Transit/ABA # _____ Account # _____

This authority is to be *effective* **October 2021** and will remain in effect through **May 2022**, or until Company has received written notification from me (or either of us) of its termination in such time as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Tuition will be drafted on the 5th of each month, or on the next business day.

Name: _____

(Please print)

Signed: _____ Date: _____