

Liability Release : Franklin School of Performing Arts

Please read thoroughly and sign below upon compliance.



The undersigned, being fully aware of the risks that go along with dancing, singing, acting and related performing activities, shall hereby:

1. Release and hold harmless Franklin School of Performing Arts (fspadance LLC) and the staff, agents, and employees of the Franklin School of Performing Arts from all liability to me, my child, my personal representatives, assigns, heirs, and next of kin, against any claim of cause of action which I, or anyone claiming by, through or under me, may at have arising out of bodily injury, property damage, loss or theft of articles suffered by me or my child while participating in dance classes at the Franklin School of Performing Arts and/or attending a related event whether or not held at the premises.
2. Have read and agree to abide by the **2017-2018 Franklin School of Performing Arts policies.**
3. I authorize Franklin School of Performing Arts (FSPA) to photograph and videotape my child while participating in the FSPA program solely for the marketing and advertising purposes of the FSPA education program and performances.
 - a. Fees and tuition are non-refundable.
 - b. Tuition paid after the 10th of each month incurs a \$15.00 late charge.
 - c. Parent/Guardian is responsible for tuition up through the month the *Franklin School of Performing Arts* is notified in writing of a decision for the student to terminate his/her FSPA registration.
 - d. Missed classes are not refundable, but may be made up in another class.
 - e. FSPA has the right to cancel classes that do not meet minimum enrollment (6).
 - f. FSPA is not responsible for injuries sustained before, during, or after participation in dance classes.
 - g. FSPA is not responsible for lost or stolen personal belongings while at FSPA or related event.
 - h. Our waiting area needs to be quiet while classes are in progress. No child under eight years old may be unsupervised at any time- inside and outside our facility. Families with multiple siblings are encouraged to drop off and pick up to avoid disrupting our classes.

Signature of Parent/Guardian : _____ Date _____

For office Use only:

Class Name	Hours	Class Name	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assisting/work-study: _____

Total hrs: _____ Tuition Per Month _____

Automatic Payments Y/N _____ Client Signature for Automatic Payments : _____ Date: _____

Registration Paid Y//N _____ Cash/ Check/ CC _____ Total Paid at Registration: \$ _____