

Spa City Dance and the Arts, LLC

1490 Saratoga Road
Suite 4
Ballston Spa, NY 12020
(518) 490-2183

Summer 2024

Payment Obligation

I/we understand that payment for the six-week summer dance session is to be paid in full during the first week of summer classes (7/15-8/21/24). Should payment not be made during the first week of classes, a 20% late fee, not to exceed \$40 will be charged.

Waiver of Liability

I/we realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Spa City Dance and the Arts, LLC.

I/we agree to release and hold harmless Spa City Dance and the Arts, LLC including its teachers, dancers, staff members, and facilities used from any cause of action, claims, or demands now and in the future. I/we will not hold Spa City Dance and the Arts, LLC liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Spa City Dance and the Arts, LLC.

I/we understand that Spa City Dance and the Arts, LLC are licensed and insured organizations. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Studio Director, Studio Owner, instructor or staff member as soon as possible.

Please keep this for your records and sign page 2.

Thank you

Parent/Student Agreement Acknowledgement:

I (Parent/Guardian/Adult Dancer) have read and agree to the terms in the Parent/Student Agreement for the 2024 summer dance session at Spa City Dance and the Arts, LLC. Electronic Signature in the parent portal of Dance Studio Pro signifies agreement to the Waiver of Liability.

Student Name: _____

Parent/Guardian Name: _____

Parent/Signature: _____ Date: _____