

As a participant in any program or class of the Quinn School of Irish Dance the undersigned recognizes and acknowledges certain risks of physical injury and agrees to assume full risk of injuries, including death, damages, or loss that the undersigned or undersigned's child/children may sustain as a result of participating in any activities connected with or associated with such program or class.

The undersigned agrees to waive and relinquish all claims as a result of participating in any program or class against the Quinn School of Irish Dance and its officers, agents, employees, and independent contractors.

The undersigned further agrees to indemnify and hold harmless the Quinn School of Irish Dance and its officers, agents, servants, employees, and independent contractors from claims resulting from injuries including death, damages, and losses sustained that arise out of, in connection with, or in any way associated with the Quinn School of Irish Dance.

Please initial:	
I agree to allow photographs/videos of myself or my child/children for promotional users of Irish Dance.	se by the Quinn
I agree to have the credit or debit card listed below charged on the 7th of each month riod of 10 months, September – June, if I have not paid by cash, check, or charge prior to the	
I understand that tuition is based on a 10-month curriculum and should be paid each vance. Should I choose to terminate the registration contract prior to June 30th I must do so prior to termination. Exceptions may be made for injuries or prolonged health issues.	
I understand that Irish dance is a complicated sport and regular class attendance and required for success. Dancers registered for classes who do not attend regularly may be asked or may be required, at an extra cost, to attend private lessons in order to stay in said class.	
I understand that missed classes may be made up during another appropriate class ti of missing the original class. No refunds or credits are made for missed classes.	me within 4 weeks
I understand that dancers participating in any class, performance, recital, or competi propriate shoes and costumes. When available we make every effort to offer used items to kee	
I have read and fully understand the above waiver, and release the Quinn Schoo from all claims.	l of Irish Dance
Credit Card #	Expiration Date
Security Code	Billing Zip Code

Signature of Parent/Guardian/Cardholder

Date

Student Name(s)

Student Name(s)