



Youth Summer Dance Camp Application

June 26-30 and August 14-18, 2023

My Child Will Attend:

_____ Week 1: June 26-30 _____ Week 2: August 14-18 (please check)

Student's Name _____ Age _____
Address _____ City _____ State _____ Zip _____
Email Address _____
Emergency Contact _____ Phone _____

Release Form

_____ **Photo and Video Consent:** Consent is granted for the student to be photographed or videotaped. These may be used without compensation in a public presentation. The student is free to refuse to be photographed or videotaped.

_____ **Injury Release:** It is understood that the risk of physical injury is inherent in dance training. Top Hat Dance Studio, LLC strives to reduce that risk through proper training techniques. However, by signing this form, the undersigned is willing to assume those risks and release, hold harmless, and indemnify Top Hat Dance Studio, LLC, its related entities, independent contractors, agents, employees, officers and representatives from and against any and all claims, demands, actions, judgments which the undersigned, or any person ever had, or may have against Top Hat Dance Studio, LLC for any losses, costs and expenses (including attorney's fees) and damages or injuries known or unknown, real or personal, sustained by me or my child while in attendance and/or participating in all Top Hat Dance Studio, LLC programs. The undersigned also agrees that he or she will not hold Top Hat Dance Studio, LLC responsible for the loss or damage of personal property while in attendance and/or participating in any Top Hat Dance Studio, LLC program.

_____ **Physical Contact:** Dance is an art form that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

_____ **Rules and Policies:** The signature below implies agreements to abide by the rules and policies of Top Hat Dance Studio, LLC. This includes, but is not limited to, behavior that exhibits respect to fellow students and the teacher as well as the facility.

Student's Name (please print) _____ Student Signature _____

Signature of Parent/Guardian _____ Date _____