

# REFLECTION



## STUDENT INFORMATION

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Student's Full Name: \_\_\_\_\_ Student's Age: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text? \_\_\_\_\_

Please specify between cell phone numbers. (ie: mom's & dad's)

Email: \_\_\_\_\_

School: \_\_\_\_\_ Parent/Guardian's Names: \_\_\_\_\_

List any others who can sign in/out: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Concerns/Comments: \_\_\_\_\_

## IMPORTANT INFORMATION | PLEASE READ & SIGN |

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I agree to read & comply with the policies of this studio. I understand that students will be placed in classes based on level of technique and skill per instructors' discretion. I understand that lessons must be paid whether attended or not and monthly tuition is due the first class day of the month. If tuition is late, there will be a late fee of \$10. I agree to purchase a costume each year for recitals and performances for my dancer(s). I understand that a non-refundable deposit is required to order a costume for the recital. If dancer is not participating in recital, deposit is not required, but instructor must be notified before the costume is placed. Once the order is placed it cannot be cancelled and the remaining balance is due before receiving your costume. There will be no classes the months of June and July this year. There may be scheduled events that will take place during the off months that will be noted in the yearly schedule. No additional fee will be assessed for these events.

I release Studio Reflection (Beautiful Soles) and its instructor Emmye Rowell of liability for any injury arising out of participation in class and performances or incurred while on the premises of Studio Reflection, 601 Mena Street, Mena. In the event of a medical emergency, I authorize Emmye Rowell to secure proper treatment of said student. I understand Studio Reflection (Beautiful Soles) does not carry medical insurance for their students. Medical expenses will be covered by the student's own family insurance.

**NOTE:** Some classes are subject to be rescheduled throughout the year due to inclement weather or illness. Makeup classes will be scheduled by the instructor. Your child will receive a note and/or you will receive a text for rescheduled classes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## RELEASE OF LIABILITY

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The undersigned does hereby full and forever release and discharge, any and all actions, rights, causes of action, claims, demands, that may now exist or may hereinafter accrue against EMMYE ROWELL, and any other person associated with EMMYE ROWELL.

The undersigned acknowledges that there is are risks and danger inherent in participating in, and/or receiving instruction in dance and baton twirling. The undersigned hereby releases EMMYE ROWELL, her heirs or assigns, or any other person associated with EMMYE ROWELL from all liability, injury or damage which the children of the undersigned might suffer while participating in, and/or receiving instruction in dance and baton twirling.

The undersigned hereby acknowledges that this release will be binding upon the undersigned, the spouse of the undersigned, as well as the heirs and assigns of the undersigned.

The undersigned hereby signs this release on behalf of his/her minor child(ren), and that undersigned hereby gives up the same rights for said minor child(ren) as would the undersigned by giving up if same were signed on his/her own behalf.

The undersigned further agrees to indemnify and hold harmless EMMYE ROWELL, and any other person, corporation, association or partnership associated with EMMYE ROWELL, for any loss, claim, expenses or attorney's fee incurred by EMMYE ROWELL, or any other person, corporation, association or partnership associated with EMMYE ROWELL, if called upon to defend any action by the undersigned.

Further, the undersigned hereby assumes all risk involved and agrees to indemnify and hold harmless EMMYE ROWELL, and other person, corporation, association, or partnership associated with EMMYE ROWELL, from all fines, suits, claims, demands, and actions of nature, as well as loss, cost, damage or expense caused by injuries to any person, persons or property while in, on, or about the premises.

I acknowledge that I have read the release and I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in dance and baton twirling.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# ACCIDENT WAIVER & MEDICAL AUTHORIZATION FORM

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## SECTION ONE: GENERAL INFORMATION | FORMS MUST BE SIGNED BEFORE PARTICIPATION |

Participant's Name: \_\_\_\_\_ Participant's DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List any allergies (food, drug, ect.) or medical history: \_\_\_\_\_

List any prescription medication student is currently taking: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relation of Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Identification #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

# ACCIDENT WAIVER & MEDICAL AUTHORIZATION FORM

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## SECTION TWO: MEDICAL AUTHORIZATION

I/we, the undersigned parent(s) or legal guardian of the minor listed previously, do hereby authorize in an emergent or non-emergent situation any administration of first aid, the use of an ambulance, x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the state of Arkansas and hospital service that may be rendered to said minor under the general, specific or special consent of the temporary custodian of the minor, whether such diagnosis or treatment is rendered at the offices of the physician or dentist to call in any necessary consultants, in his/their discretion.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgement as to the requirements of such diagnosis of medical, dental, or surgical treatment.



# ACCIDENT WAIVER & MEDICAL AUTHORIZATION FORM

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## SECTION THREE: ACCIDENT WAIVER & RELEASE OF LIABILITY

I hereby assume all of the risks of participation, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being release, from dangerous of defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, staff, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I waive, release, and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, ot actions of any kind which may hereafter occur to me including my traveling to and from this event. The following entities or persons: Studio Reflection/Instructors, Volunteers, Host locations and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers.

(B) I indemnify, hold harmless, and promise not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of my participation in this activity or event, whether caused by negligence or release or otherwise.

I acknowledge that this activity or even may involve a test of a person's physical or mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participant, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent for participants, but also present for volunteers.

I understand that as this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Studio Reflection, the event holders, producers, sponsors, organizers, and assign.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

THIS SIGNATURE IS FOR SECTIONS TWO & THREE

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## SECTION FOUR: PARTICIPANT OR PARENT/GUARDIAN AGREEMENT

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward to the terms of the accident waiver, release of liability and medical authorization set forth above.

I certify that I have read this document, and I fully understand its content. I am aware that his is a release of liability/medical authorization and a contract and I sign it on my own free will.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_