

# ALONZO KING LINES DANCE CENTER

## Alonzo King LINES Ballet (dba Alonzo King LINES Dance Center) Student Information, Liability Waiver and Policies Acknowledgment (Please print carefully and complete the entire form)

First Name: _____	Email: _____
Last Name: _____	Date of Birth: _____
Home or Mobile Phone: _____	Emergency Contact: _____
Street Address: _____	Relationship: _____
City, State, Zip: _____	Emergency Contact Phone: _____

<input type="checkbox"/> Ad	<input type="checkbox"/> GOOGLE	<input type="checkbox"/> Friend	<input type="checkbox"/> Other Arts Event
<input type="checkbox"/> Flyer	<input type="checkbox"/> YELP	<input type="checkbox"/> Teacher	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> BART/Transit Billboard	<input type="checkbox"/> Twitter	<input type="checkbox"/> LINES Website	<input type="checkbox"/> Work in Neighborhood
<input type="checkbox"/> Newspaper _____ (specify)	<input type="checkbox"/> Facebook	<input type="checkbox"/> LINES Performance	<input type="checkbox"/> Web Search _____
<input type="checkbox"/> InDance Magazine	<input type="checkbox"/> ClassPass	<input type="checkbox"/> LINES Donor	<input type="checkbox"/> Online Ad
		<input type="checkbox"/> Other _____ (Specify)	

I agree that I have voluntarily chosen to participate in the dance training offered by Alonzo King LINES Dance Center ("AKLDC") and acknowledge that I am under no obligation to continue such dance training. I am aware that dance training and related activities carry certain risks that can result in injury, both minor and major. By my participation in dance classes or activities at AKLDC, I agree to take full responsibility for not exceeding my limits, for selecting the appropriate level class and for any injury I might suffer in a class at AKLDC. Furthermore, I am aware that AKLDC instructors or the AKLDC Director has the right to ask me to attend another level class if they believe I could cause harm to myself or others participating in activities above my capabilities. I understand that instructors may provide physical adjustments during class. If I do not want such physical adjustments, I will inform the instructor at each class I attend.

In consideration of the opportunity afforded me to participate in the dance training offered at AKLDC, I, on behalf of myself and my heirs, guardians, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue AKLDC or Alonzo King LINES Ballet for any and all costs, losses, damages, liabilities or claims (including without limitation arising from the negligence of any of the instructors, directors, staff, agents, officers or representatives of AKLDC resulting in personal injury, accidents, illnesses (including death) or property loss, which may accrue to me in connection with any activity by me whatsoever at AKLDC.

I further expressly agree that the foregoing liability waiver is intended to be as broad and inclusive as its permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the remainder of the agreement shall, notwithstanding, continue in full legal force and effect.

I grant to AKLDC, its representatives and employees the right to take photographs, film or video images of me and my property while in the halls, ante-rooms or studios in AKLDC, as well as during off-site performances or events. I authorize AKLDC, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that AKLDC may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I have read the foregoing liability waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. This agreement is freely and voluntarily executed.

By signature below, I further understand and acknowledge: that AKLDC has the right to refuse services and classes to any individual at anytime; that all class discounts have an expiration date, after which time, the classes are no longer valid; that classes are non-transferable; and that I have read and accept AKLDC's Rules of Conduct.

SIGNATURE: _____	DATE: _____
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(FOR USE BY PARENT OR GUARDIAN OF PARTICIPANT UNDER AGE 18): I represent that I am a parent/legal guardian of the minor named above and I agree that the liability waver and policies acknowledgment contained therein binds me and said minor to all of the terms thereof.

PARENT/LEGAL GUARDIAN: _____	DATE: _____
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