



Charlevoix Circle of Arts offers recreational dance classes for beginner to intermediate levels in a nurturing and healthy atmosphere. Our philosophy is to provide age-appropriate choreography and music to inspire our students to create a character-building experience and cultivate a life-long appreciation for the art of dance.

DANCER NAME: _____

Date of Birth: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DANCE CLASSES ENROLLED 2026: _____

CONTACT INFORMATION

PARENT/GUARDIAN: _____

PHONE #: _____

EMAIL: _____

EMERGENCY CONTACT TO CALL IF PARENT/GUARDIAN CANNOT BE REACHED

NAME: _____

PHONE: _____

☐ I give permission to Charlevoix Circle of Arts to use photos of me/my child in marketing materials, website and social media.

SIGNATURE OF PARENT/GUARDIAN

DATE

PARTICIPANT WAIVER AND RELEASE OF LIABILITY

In consideration of the opportunity for my child(ren) and/or I to participate in the Circle of Arts (Company) Dance (Event), whose registration process requires me to accept this agreement, I hereby agree to the following Waiver and Release of Liability (Agreement):

1. **Waiver and Release of Liability.** My and/or my child(ren)'s participation in the Event is voluntary and subjects me and/or he/she/they to the possibility of physical injury and loss of or damage to my property (collectively, Risks). Accordingly, I agree as follows:
 - a. I, individually and as the parent of my child(ren), hereby release and hold harmless Company, its officers, directors, employees, agents, volunteers, and contractors (collectively, Releasees) from any claim, demand, loss, liability, damages, and attorney fees and costs whatsoever arising from, related to, or resulting from these Risks (Claims), including those caused by the negligent acts or omissions of any or all of the Releasees.
 - b. I recognize the physical exertion involved in the event and attest and certify that I and/or my child(ren) is/are physically fit to compete safely, and I have not been advised otherwise by a health care professional.
 - c. As between each of the Releasees and me, I will be solely responsible for any and all medical and related bills that I and/or my child(ren) may incur because of any injury, as well as costs related to loss or damage to my property, that I and/or my child(ren) may sustain as a result of participation of any kind in the Event, including those sustained on the premises where the Event is conducted and while I and/or my child(ren) am/are traveling to and from such premises, regardless of the location or mode of transportation.
 - d. This Agreement shall be binding on my and/or my child(ren)'s estate, heirs, executors, administrators, successors, and assigns, as well as any other party asserting a Claim on my and/or my child(ren)'s behalf or on behalf of my and/or my child(ren)'s estate.
2. **General Provisions:**
 - a. I hereby expressly agree that (1) this Agreement shall be governed and construed according to the laws of the state of Michigan without regard to its conflict of laws provisions and (2) any action or proceeding concerning any Claim or the meaning or effect of any provision of the Agreement shall be conducted only in state court located in Charlevoix, Michigan, and that for such purposes, I expressly submit to the jurisdiction of such court.
 - b. This Agreement contains the entire understanding between and among the parties concerning these matters. No waiver, modification, or amendment of any of the terms of this Agreement shall be effective unless made in writing and signed by the party to be charged.
 - c. I hereby expressly agree that if any portion of this Agreement is held to be invalid, the balance of the Agreement shall nonetheless continue in full legal force and effect.

I warrant that I have read and understand that this Agreement involves my individual and my child(ren)'s waiver and release of significant rights and my assumption of significant indemnification responsibilities in participating in the Event.

Dated: _____ Dancer Name: _____
 (Please Print)
 Adult Signature: _____