

RELEASE OF LIABILITY: All performing arts classes require physical exertion and despite all precautions, accidents/injuries may occur. Participants assume all risks related to participation in any activity led by Performing Arts Workshop (PAW). *I agree to release and hold harmless PAW - including its dancers, teachers, other staff, and facilities - from any cause of action, claims or demands both now and in the future. I will not hold PAW liable for any personal injury or any personal property damage, which may occur before, during or after classes and sponsored activities. I agree to abide by all class/facility guidelines and take full responsibility for my/my child's conduct. In the event that I should observe any unsafe conduct or conditions before, during or after classes and sponsored activities, I agree to immediately report to the Director of PAW.* **Initial:** _____ (REQUIRED TO REGISTER)

CORONAVIRUS RELEASE & COMPLIANCE: *I understand and freely assume all known and unknown risks of illness, including but not limited to Influenza, MRSA and COVID-19. I assume full responsibility for my/my child's participation and exposure to such illnesses despite all cleaning, sanitizing and other precautions taken by Performing Arts Workshop (PAW) and its staff. In the event that any member of my household becomes ill, I agree to notify the Director of PAW immediately and furthermore agree to stay home/keep my child home on PAW class days, where I/they may fully participate in PAW activities online until I/they no longer present symptoms including but not limited to fatigue, coughing and/or sneezing, with or without fever. If any member of my household tests positive for COVID-19, I agree to notify the Director of PAW immediately and further agree that I/my child will participate solely in online classes for a minimum 14-day period with the understanding that I/they may only return to in-studio classes, thereafter, when the afflicted member(s) of my household no longer present symptoms including but not limited to fatigue, coughing and/or sneezing, with or without fever.* **Initial:** _____ (REQUIRED TO REGISTER)

PROGRAM FULFILLMENT PROVISIONS: In the event of a government-mandated shutdown, illness-related quarantine, instructor illness, severe inclement weather or other necessary closure, all Performing Arts Workshop (PAW) programs will immediately convert to online instruction without delay or interruption, until such time that in-studio instruction may resume safely and in accordance with government ordinance. *I understand these program fulfillment provisions are accounted for in tuition for all classes/programs, and credits/refunds will not be required, nor provided, if such circumstances arise.* **Initial:** _____ (REQUIRED TO REGISTER)

ACKNOWLEDGEMENTS

I understand that enrollment in any Performing Arts Workshop program implies a term-long commitment and my family is responsible for the total cost of any program as specified in the program description (i.e. October through June, 4-Week Session, 1-Day Workshop, etc.). **Initial:** _____ (REQUIRED TO REGISTER)

I understand withdrawals must be received in writing and are subject to all terms outlined in PAW Tuition, Payment & Withdrawal Policies for all programs. **Initial:** _____ (REQUIRED TO REGISTER)

I agree to abide by all Performing Arts Workshop Program Policies and understand that failure to comply may result in dismissal from the program without refund. **Initial:** _____ (REQUIRED TO REGISTER)

I understand that due payment must be received before registration for any program is confirmed. Furthermore, if my account becomes delinquent after registration is confirmed and I/my child continue(s) to report to PAW for classes, I understand that my/their participation may be paused until our account is reconciled, and a refund/credit will not be provided for any class time missed as a result of such pause. **Initial:** _____ (REQUIRED TO REGISTER)

I understand that wearing a secure, cloth mask which covers the mouth and nose is required to enter Performing Arts Workshop and/or participate in any in-studio class while COVID-19 procedures and protections are in place. Furthermore, I agree to comply with this requirement until such time face coverings and social-distancing measures are no longer required by government ordinance regarding indoor activities. I understand that I may enroll in, or transfer to, a Performing Arts Workshop online class if I determine that wearing a face covering to dance is not the best option for me or my child. **Initial:** _____ (REQUIRED TO REGISTER)

PHOTOS AND VIDEOS

Performing Arts Workshop (PAW) reserves the right to take and utilize photographs, videos, or any type of recordings of participating persons while engaged in our activities and sponsored events.

THIS DOCUMENT MUST BE COMPLETED AND HELD ON FILE WITH PAW ADMINISTRATION IN ORDER FOR YOU OR YOUR CHILD TO PARTICIPATE IN ANY CLASS OFFERED BY OUR STUDIO. ALL FIELDS REQUIRED. THANK YOU!

Student Full Name (PRINT): _____

Parent/Guardian Full Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

PERFORMING ARTS WORKSHOP

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