

WILHELM STUDIOS/WILHELM DANCE – REGISTRATION FORM

19555 Center Ridge Road, Rocky River, Ohio 44116
(440) 333-3880
www.wilhelmstudios.com
www.wilhelmdance.com

Participant Name: _____

Birthdate: _____

Parent/Legal Guardian Name: _____

Phone: _____

Address: _____

City/Zip: _____

Email: _____

Mobile: _____

Classes: please write class day, time & description (ex: "Tue 5:30, 6+ Tap"), write "unlimited", if probable Dance Team or Company dancer

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Participants MUST have a signed MEDICAL AUTHORIZATION and PHOTO, AUDIO, AND ELECTRONIC RELEASE, and a signed WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, and a signed PAYMENT AUTHORIZATION AGREEMENT on file to participate.

NO EXCEPTIONS!

WILHELM STUDIOS, LLC

MEDICAL AUTHORIZATION

In the event of an accident or emergency, I hereby authorize me, or my child/children to be transported to a hospital for medical treatment and I hold Wilhelm Studios, LLC and their representatives (collectively the RELEASEES referred to above) harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child/children as a result of any injury sustained while participating in any activities, performances or events associated with Wilhelm Studios, LLC and will not hold RELEASEES financially responsible.

PHOTO, AUDIO, AND ELECTRONIC RELEASE

I am aware that individual and group publicity photos and videos may be taken from time to time and in consideration for my, or my child/children's participation, I do hereby grant permission to Wilhelm Studios, LLC to use images of me, or my child/children in promotional materials. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video of me, or my child/children for use in materials that include, but may not be limited to, printed materials (such as brochures, newsletters, posters, and other print advertising), digital materials (such as Wilhelm Dance's website, electronic newsletters, blog, and emails), and social media (such as the Wilhelm Dance Facebook page, Twitter feed, or other social media platforms).

I release Wilhelm Studios, LLC and their representatives (collectively the RELEASEES referred to above) from any and all claims in the usage of my, or my child/children's likeness, voice and/or personal identification.

I also understand that there will be no financial or other remuneration for recording me, or my child/children, either for initial or subsequent usage, and hereby transfer to Wilhelm Studios, LLC all copyright and other interests in any photographs, recordings or videotapes taken of me, or my child/children.

I have read and understand this MEDICAL AUTHORIZATION and PHOTO, AUDIO, AND ELECTRONIC RELEASE and I voluntarily affix my name in agreement. This authorization has no time expiration and must be revoked in writing to Wilhelm Studios, LLC, 19555 Center Ridge Road, Rocky River, Ohio 44116.

Signature of Participant (if at least 18 years of age), **or Parent/Legal Guardian** (if under 18 years of age):

Date: _____

WILHELM STUDIOS, LLC

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I am fully aware of and understand the risks and hazards associated with, arising out of, and inherent to gymnastics, dance, theater and fitness related activities. I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily allow me, or my child/children to participate in said activities, knowing that the activities may be hazardous to my property and me or my child/children. I understand that Wilhelm Studios, LLC does not require me or my child/children to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me or my child/children, or any loss or damage to property owned by me, as a result of being engaged in such activities, WHETHER CAUSED BY NEGLIGENCE or otherwise, to the fullest extent allowed by law.

I knowingly and voluntarily RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Wilhelm Studios, LLC, its officers, agents, employees or volunteers of Wilhelm Studios, LLC, including the landlord and/or property owner(s) of 19555 Center Ridge Road, Rocky River, Ohio (collectively the "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child/children, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releasees may incur due to my, or my child/children's participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Ohio and that any mediation, suit, or other proceeding must be filed or entered into only in Ohio and the federal or state courts of Ohio. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

IF THE PARTICIPANT IS A MINOR, the participant's parent and/or legal guardian hereby signs this waiver releasing Wilhelm Studios, LLC and their representatives (collectively the RELEASEES referred to above) from any and all such liability described above and hereby grants permission for participant to participate in Wilhelm Studios, LLC gymnastics, dance, theater and fitness related activities, performances and associated events.

PLEASE SIGN AND DATE BELOW.

Signature of Participant (if at least 18 years of age), or **Parent/Legal Guardian** (if under 18 years of age):

Date: _____

Name of Participant:
