



EAGLE  
PERFORMING ARTS  
CENTER

# Eagle Performing Arts Center 2021 Adult Class Registration Form

Rev 1.27.2021

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

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

Adult Classes	Beginning/Intermediate Ballet	
September 2, 2020 to May 21, 2021		*
Monday	9:15am - 10:30am	Beginning / Intermediate Level
Wednesday & Friday	10:00am - 11:30am	Beginning / Intermediate Level
	Single Class	\$20
	5 Classes	\$85
	10 Classes	\$160
	20 Classes	\$280
<p><b>All Open Classes tuition to be Pre-Paid in advance.</b>            Tuition is on a punch card system and dancers are responsible for their own punch card. Cards are to be given to the teacher prior to each class starting. Expiration date is two months from date of purchase.</p>		

Total Due with Registration: \$\_\_\_\_\_

Please check one:

Payment Method ~ Make checks payable to: EPAC

Cash

Check # \_\_\_\_\_

Credit Card

VISA | MasterCard

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

## Signature required on back of page.

**MEDICAL CONSENT ~**

In the event of injury, I hereby authorize the program officials of the Eagle Performing Arts Center, EPAC LLC to arrange for medical services as may be deemed reasonable and necessary to the welfare of the injured, and I do hereby release the Eagle Performing Arts Center, EPAC LLC and all others from all liability in taking such action, including all action which maybe contrary to personal religious beliefs. I, the undersigned, have read this Release and Consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

**LIABILITY RELEASE ~**

I do hereby agree to release the Eagle Performing Arts Center, EPAC LLC and all other cooperating agencies, employees, officials, or managers thereof, from all liability for damages by reason of injures or property damages that may be sustained as a result of participation in this program.

**PHOTO RELEASE ~**

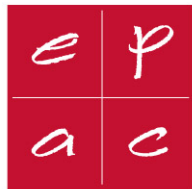
I, the undersigned, hereby give Eagle Performing Arts Center, EPAC LLC, its agents, and/or assignees permission to use the photographs, videos or any reproductions of my physical likeness taken of me in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures, negative, and copies. I waive the right of prior approval and hereby release Eagle Performing Arts Center, EPAC LLC its agents, and/or assignees from any and all claims from damage of any and all kinds based on the use of said material. I hereby warrant that I am a parent or legal guardian of the subject of photography, who is under eighteen years of age, and am competent to act in his/her behalf insofar as the above is concerned.

**WAIVER COVID ~**

I do hereby agree I will not hold Elizabeth Keller, Eagle Performing Arts Center, EPAC LLC or its agents employees, or representatives liable for injuries sustained or illnesses contracted by a student at the school.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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