



INSPIRE ■ CREATE ■ PERFORM

Return to Dance Registration Packet

2020 - 2021

The Beat Goes On...

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Dance Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below dance activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Dance events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the dance facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the dance event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the dance facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Dance School: **METTS Dance Inc, 3529 Seneca St. West Seneca NY, 14224**

Parent or Guardian Signature (Season 1): _____ Date: _____

Parent or Guardian Signature (Season 2): _____ Date: _____

Parent or Guardian Signature (Season 3): _____ Date: _____

Parent or Guardian Signature (Season 4): _____ Date: _____

Parent or Guardian Signature (Season 5): _____ Date: _____

Parent or Guardian Signature (Season 6): _____ Date: _____

Address of Participant: _____

City: _____ State: NY Zip code: _____

Received by: *Christine Ziemba*

Christine Ziemba

SRPGR-101-0716

Illinois



Student Name: _____
Last First

DOB: _____

Guardian 1 Name: _____

Phone#: _____

Guardian 2 Name: _____

Phone#: _____

Home Address: _____

Phone#: _____

City: _____ State: NY Zip: _____

Email Address: _____

E-mail addresses are strictly used for studio communication, METTS Dance Inc. will not share/sell e-mail address with outside companies/vendors.

Medical Insurance: _____ Yes _____ No Company: _____

Medical Concerns (IE Allergies, Etc.): _____

Release: I hereby consent to have my child/ward participate in programs offered by METTS Dance Inc. It is hereby agreed that I, my child(ren) adopted or otherwise, my executors, waive and release all rights and claims for damages that I may have at any time against METTS Dance Inc, its representatives whether paid or volunteer for any injury or damages in connection with the dance program or activities related to METTS Dance Inc.

I, also for the personal protection of the child(ren), give the right to METTS Dance Inc to summon assistance should an injury occur. All immediate First Aid is conducted by the local Fire Department, who have a trained staff for this purpose. If necessary, I authorize the child(ren) to be taken to a local hospital if I cannot be reached by phone.

Guardian's Signature: _____ Date: _____

I have read the policies and procedures outlined in the METTS Dance Inc Handbook and agree with its contents. Any questions about payments, late fees, and disciplinary action has been discussed with me. My signature below states my understanding of these policies.

Guardian's Signature: _____ Date: _____

We will be taking pictures and/or video of students to promote a positive image of the studio throughout the year. We may/will be posting these pictures on the web site (www.mettsdance.com) and/or Facebook or social media like but not limited to Snapchat & Instagram. Pictures/Video will be taken at, but are not limited to: Competitions, Recital, and regularly scheduled classes. Please select one of the following and sign.

I DO Consent to having pictures or video: _____

I DO NOT Consent to having pictures or video: _____

Guardian's Signature: _____ Date: _____

(If nothing has changed above, please sign below for consecutive Dance Seasons)

Parent or Guardian Signature (Season 2): _____ Date: _____

Parent or Guardian Signature (Season 3): _____ Date: _____

Parent or Guardian Signature (Season 4): _____ Date: _____

Parent or Guardian Signature (Season 5): _____ Date: _____

Parent or Guardian Signature (Season 6): _____ Date: _____

METTS Dance COVID-19 and Return to Dance Waiver

Please answer this waiver for us to safely return to dance classes

1. Student's Name _____
2. Parent/ Guardian's Name _____
3. Parent/Guardian's Phone Number _____
4. Have you or the participant been in contact or tested positive to COVID-19?
Yes No
5. Has the student had any of the following symptoms in the last fourteen (14) days: fever, cough, shortness of breath, muscle or body aches, chills, new lost of taste or smell, sore throat, congestion?
Yes No
6. Has the student above traveled outside the country or to any hotspot location within the past fourteen (14) days?
Yes No If yes, when and where _____

By signing below, I certify that the information provided above is true and accurate. I understand that any known false statements on this waiver put employees, guests, and participants of METTS Dance Inc. at risk and METTS Dance Inc. is relying on these truthful representations to provide services to me and others.

I further certify that I will immediately contact Darren or Christine Ziemba at (716)864-4059 or mrdarren@mettsdance.com in the event that any of the answers provided above change in the future. I agree to participate in a "contact tracing" process and answer "contact tracing" questions if my answers change and I was in "close contact" with any other individuals while attending any METTS Dance events.

Parent/Guardians' signature

Date



Scan. Pay. Go.



METTS Dance

@METTS-Dance



Scan QR Code for payment

Time	Monday		Tuesday		Wednesday		Thursday		Time	Saturday	
	Studio 1	Studio 2	Studio 1	Studio 2	Studio 1	Studio 2	Studio 1	Studio 2		Studio 1	Studio 2
5:00		5:00-5:50 Tap B		5:00-5:50 Jazz Funk 1		5:00-5:50 Mini METTS 1			9:00	9:00-9:50 Mini METTS A	
5:30	5:30-6:20 Hip Hop A		5:30-6:20 Lyrical A		5:30-6:50 Mini METTS 3		5:30-6:20 Mini METTS 2		9:30		9:30-10:20 Mini METTS 1
6:00		6:00-6:50 Tap C		6:00-6:50 Jazz Funk 2		6:00-6:50 Mini METTS 1			10:00		
6:30	6:30-7:20 Hip Hop C		6:30-7:20 Lyrical B				6:30-7:20 Jazz D		10:30		10:30-11:20 Mini METTS 2
7:00		7:00-7:50 Jazz B		7:00-7:50 Stretch Strength		7:00-7:50 Jazz C			11:00		
7:30	7:30-8:20 Hip Hop B		7:30-8:20 Lyrical C				7:30-8:20 Tap D		11:30		11:30-12:20 Ballet 1
8:00		8:00-8:50 Ballet			8:00-8:50 Adult						
8:30											

METTS DANCE