



Dancer Last Name: _____ First: _____ Badge # _____

Parent Cell #: _____

outRAGEous Dance Intensive

Required of all students – Must be completed by parent or legal guardian if student is a minor.

CONDITIONS OF PARTICIPATION

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY

You hereby acknowledge and agree that Student’s use of The Rage Entertainment, Inc. studio facilities, services, equipment or premises, involves risks of injury to persons and property, including those described below, and Student assumes full responsibility for such risks. In consideration of being allowed to enter the studio and/or to participate in any related Studio events, for any purpose, whether or not at the Studio, including, but not limited to, instruction observation, use of facilities, services or equipment, or participation in any way, Student agrees to the following: Student hereby releases and holds Studio, its directors, owners, employees, independent contractors and agents (“Studio Parties”) harmless from all liability to Student and Student’s personal representatives, assigns, heirs and next of kin for any loss and/or damage, and waives any claim or demands therefore, on account of injury to Student’s person or property, including injury leading to the death of Student, whether caused by the active or passive negligence or otherwise of Studio parties or anyone else, while Student is in, upon or about Studio premises or participating in any way in any Studio event whether or not at the Studio. Student also hereby agrees to indemnify Studio Parties from any loss, liability, damage or cost Studio Parties may incur due to the presence of Student in, upon, or about Studio premises or observation or participation in any Studio activity whether caused by the negligence or otherwise of Studio Parties or anyone else. You represent (a) that Student is in good physical condition and has no disability, illness, or other condition that could prevent Student from dancing and/or exercising without injury or impairment of health, and (b) that Student has consulted a physician concerning a dance and/or exercise program that will not risk injury to Student or impairment of Student’s health. Such risk of injury includes (but is not limited to): injuries arising from dance and/or exercise activities at the Studio or at Studio related events; injuries and medical disorders arising from exercising such as heart attacks, strokes, heat stress, sprains, broken bones and torn muscles and ligaments, among others; and accidental injuries occurring anywhere in Studio facilities. Student further expressly agrees that foregoing release, waiver and agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. Student/Parent/Guardian has read this release and waiver of liability and indemnity clause, and agrees that no oral representations, statements, or inducements apart from this foregoing agreement have been made.

Parent/Legal Guardian Name: _____ Signature: _____

PUBLICITY RELEASE

Students of The Rage Entertainment Complex automatically grant permission to The Rage Entertainment, Inc to use their image in photos and videos for advertising and publicity purposes, inclusive of print advertising, educational videos, television, video taping, or film broadcast in connection with promotional campaigns.

I have read this form in its entirety including the above CONDITIONS OF PARTICIPATION, RELEASE, WAIVER OF LIABILITY AND INDEMNITY, and the PARENT POLICY AGREEMENT and agree to abide by them. If I am a parent or legal guardian executing this agreement on behalf of a Student who is a minor, I understand that the promises and obligations of the Student are my promises and obligations.

Guardian Email Address: _____ (Please PRINT legibly)

Guardian Name (print)

Relationship to Student

Signature & Date

DANCER LAST NAME: _____ FIRST: _____ Badge # _____

EMERGENCY CONTACT INFORMATION:

Name of Contact #1: _____ Phone: _____

Name of Contact #2: _____ Phone: _____

Name and phone number of Physician: _____

For students who are 8 and under, Please complete the permission slip below if someone other than a parent will be picking up your child.

I give permission for my child to be picked up by the following chaperone or guardian.

Name: _____ Cell Phone: _____

*Authorized adult must sign-out the child before the intensive concludes to avoid a late pick-up fee.

*Students are not allowed to leave the Studio, during the lunch break without a guardian chaperone, or written permission from a guardian or parent.

Parent/Legal Guardian Signature: _____ Date: _____

THE RAGE COMPETITION TEAM TRYOUT 2019-2020

DANCER LAST NAME: _____ FIRST: _____ Badge # _____

YES! Interested in Competing with the Rage Company Not Interested at this time

PHONE NUMBER: _____ EMAIL ADDRESS: _____

AGE ON JANUARY 1ST 2020: _____ BIRTHDATE: _____ HEIGHT: _____

OF YEARS OF DANCE: _____ # OF DESIRED TEAMS: _____

PLEASE CHECK ALL THAT APPLY:

JAZZ HIP HOP LYRICAL CONTEMPORARY SHOWTEAM

INTEREST IN SOLO DUET TRIO

DO YOU HAVE A TEACHER PREFERENCE FOR SOLO, DUET, TRIO? _____

ANYTHING ELSE YOU WOULD LIKE US TO KNOW: _____

For Office Use Only

