

ACCIDENT /PHOTO WAIVER AND RELEASE OF LIABILITY FORM

JOLEEN'S STARZ OF THE SOUTH LLC

PLEASE PRINT—You must fill out form completely.

This form is active from May 1st 2021-July 31st 2022

Participant's Full Name (1) _____ Age _____
Participant's Full Name (2) _____ Age _____
Participant's Full Name (3) _____ Age _____
Parent/Guardian Full Name _____
Address _____ City _____ State _____ Zip _____
Home Phone/Cell _____
Emergency Name/Phone _____
Student Medical Conditions/Allergies _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I HEREBY WAIVE, RELEASE, AND DISCHARGE JOLEEN'S STARZ OF THE SOUTH LLC, JOLEEN SANDERS and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of classes,camps, intensives, private instruction, choreography or any activity I may participate.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event and or activity. **THE FOLLOWING ENTITIES OR PERSONS: JOLEEN'S STARZ OF THE SOUTH LLC and/or their directors, officers, managers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;**

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this waiver, release and registration form from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

***PHOTO/VIDEO RELEASE STATEMENT-** I give full permission and rights to Joleen's Starz of the South to use photographs or video images of student(s) for promotional purposes in advertisement and/or on the studio website and social networks .I acknowledge that this permission will not expire, and photographs or video may be used in the future for anniversaries, reunions, or any other promotional purpose in the future.

Yes,you may use my child in photos _____

No, Do not use my child in photo _____

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Names _____

PARENT / GUARDIAN WAIVER FOR MINORS (Only if student is under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian _____



12618 Hwy 57
Vanceleave, Ms 39565
228-826-3722

Payment Options:

* Remember that tuition is due on the 1st of every month. (Whether your child dances on that day or not) Late fee of \$25 automatically posts to account after the 5th.

-Pay with Cash

-Pay with Check (Write Checks out to Joleen's Starz of the South LLC... Please have dancers name on check)

- Pay with credit or debit card (at studio or by phone) Cards accepted are Visa & Mastercard ONLY

- Pay online on our site: www.starzofthesouth.com

- Auto Pay/Automatic-Recurring: Keep your credit/debit card on file. Joleen's Starz of the South will charge your credit card on the 1st of every month, for the monthly tuition plus any account balance due ON THE 1ST, or until a void agreement is made. All other charges-Recital Fees, Costume Deposits and Balances will be automatically charged on the due dates given in the policies and procedures information if not paid prior to the due date. \$35 NSF/Declined charge will follow for any and all declined transactions. Please notify the office if you need to change your card information to avoid fees.

*We are no longer giving discounts for Autopay due to the rising costs in card usage fees.

Please fill out bottom section and return to Joleen's Starz of the South

Joleen's Starz of the South is pleased to offer our parents/guardians a convenient means to pay your dancer's monthly tuition and other fees due during the season. With your signed authorization below, your payments will be automatically paid by credit card for you. Your information will not be shared and will be kept under lock and key.

Name On Credit Card: _____

Type Of Card: _____

Credit Card Number: _____

Security Code (on back of card): _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Student Name _____

We accept Visa & Mastercard Only (Credit Card/Debit Card)

Automatic/Recurring Charge Authorization Agreement

I authorize Joleen's Starz of the South LLC to charge my credit/debit card for the monthly tuition plus any balance due on the account on the 1st. Tuition due each month in the amount of \$_____. I understand that Joleen's Starz of the South will charge monthly tuition plus any other charges, recital fees, costume fees during the month on date that is due to my card. If my card expires or is no longer valid, I agree to inform Joleen's Starz of the South of this change. I agree if my card is declined for any reason, I am responsible to pay the NSF charge of \$35 plus any late fees that may be billed.

Signature _____ Date _____