



Ballet/Jazz Class

DESCRIPTION:

Ballet is the technical base for all other styles of dance that are taught. Students will develop strength, poise, and flexibility as they learn routines and work on center floor skills. Jazz allows dancers to develop technical skills such as leaps and turns. This class is a well-rounded introduction to these traditional dance styles. In this interactive class, students will incorporate technical skills learned into a dynamic dance routine to be presented on the last day of class.

ELIGIBILITY:

Grades K-2, up to 15 students

PROGRAM DATE/TIME: Tuesdays from 3:30-4:30pm

LOCATION: Archway Classical Academy-Trivium

INSTRUCTION DATES:

Fall Semester – 09/05-11/28/2023 No class 10/03, 10/10. 10/24

REGISTRATION:

FEES: \$125 for Fall Semester

Pay on-line at:

<https://archwaytrivium.configio.com/pd/412?code=BID7qLNi5u>

Print and complete the Waiver & Emergency Contact Form below and turn in to Archway Trivium's front office prior to first day of class to complete the registration process.

E-mail sopainthecity@gmail.com

REQUIREMENTS:

Pink or Black Leotard
Ballet Slippers
(any color, any brand)

OPTIONAL:

Tights – any color
Ballet Skirt – any color

Dancers will do a presentation of the dance they learned in class for parents during the last 15 minutes of the final class on Tuesday 11/28.

Students will also have the option to participate in an offsite recital tentatively scheduled 12/9.

Additional details will be provided by the instructor.

Release and Waiver of Liability and Indemnity Agreement

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 parents and/ or legal guardians of the minor participant named below agree:

1. The parents and/or legal guardians 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 this 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 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 UNDERIGNED 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 parentis) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant; or on his/her behalf, and hold them harmless.

I HAVE READ THIS RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & 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, 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.

Any photos or videos taken of your child(ren) participating in our programs may be used for promotional purposes.

Name of Participant (Printed) _____

Parent or Guardian Signature (if minor) _____ Date: _____

Student Health Information

Medical Info we should know (ex. Asthma, ADHD, allergies to meds or food, etc.): _____

Emergency Contact Information

In case of emergency we will always try to contact the student's parents first. Emergency contact if parents are unreachable:

Name: _____ Relationship: _____ Home #: _____
Work #: _____ Cell #: _____