

Class

Registration

1/2



DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Parent Name:

Child's Name :

Nickname : Grade in School:

Date of Birth : / / Age:

Email : Phone:

Gender : She/Her He/Him They

Home Address: Class:

Day:

Clity: Time: AM/PM

PAYMENT INFORMATION:

Cost of Class/Package: \$

Promotion/Coupon: - \$

Total Paid: \$

Balance Due: \$

/ /

TOTAL DUE: \$

Signature

THANK YOU FOR REGISTRATION



Informed Consent

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WAIVER OF LIABILITY

I hereby release, indemnify and hold harmless Brickman Enterprises and Gail Brickman 1•Universe, its owners, members, advisors, Board of Directors, and all employees and agents of these parties from all liabilities, suits, claims, and/or demands of any kind or nature, legal or financial, whether caused in any way by the negligence or not, arising from the participation in or observation of any Brickman Enterprises and Gail Brickman 1•Universe, activity for injuries to any person or property, whether on or off the premises. The student/participant named below does voluntarily participate in any and all Brickman Enterprises and 1•Universe, activities and that the student/participant and I understand that certain risks are inherent to and from participation and involvement with Brickman Productions and 1•Universe, and in its various formal and informal activities. Brickman Enterprises and Gail Brickman 1•Universe, are not responsible for any lost or stolen property at any time.

MEDICAL RELEASE

As the parent/legal guardian of the student/participant named below, I request and authorize that in my absence the student/participant named below be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine/Osteopathy or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the student/participant named below. I have not been given any guarantee as to the results of examination or treatment. I hereby authorize Brickman Enterprises and Gail Brickman 1•Universe, its owners, members and all employees and agents of these parties to act for the student/participant named below according to their best judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention. I authorize the hospital, medical or care facility to dispose of any specimen or tissue during the course of any diagnosis, treatment or other normal and customary procedures.

PHOTO RELEASE

I hereby understand and am fully aware that the student/participant named below may be participating in Brickman Enterprises and Gail Brickman 1•Universe, activities in which I and/or the student/participant named below may be photographed or videotaped (the Property) from time to time. I hereby irrevocably grant to Brickman Enterprises and Gail Brickman 1•Universe, perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, recording, internet and any other medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, sound bites or video footage taken as a result of participation in BBrickman Enterprises and Gail Brickman 1•Universe, activities. I hereby agree that I will not bring or consent to others bringing claim or action against Brickman Enterprises and Gail Brickman 1•Universe, on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me or the student/participant named below, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release Brickman Enterprises and Gail Brickman 1•Universe, its owners, member and all employees and agents of these parties from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against Brickman Productions and 1•Universe, in connection with the Property. This agreement shall not obligate Brickman Enterprises and Gail Brickman 1•Universe, to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. Brickman Enterprises and Gail Brickman 1•Universe, shall have the right to assign its rights hereunder, without my consent, in whole or in part, to any person, firm, corporation or organization.

CANCELLATION & REFUND POLICY

Private and small group lessons/classes must be cancelled up to 24 hours prior to the start day and time of the class and we will make every reasonable effort to reschedule the class. Should the instructor need to cancel for any reason, we will notify you as soon as possible and make every reasonable effort to reschedule the class/less for another day and time that is suitable to both parties.

I, the undersigned, hereby acknowledge that I have been provided, read, understand and unconditionally accept the terms, as have been set forth above.

Parent Signature

Today's Date:

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