Urbana Fine Arts Center

2740 South Philo Rd, Suite C , Urbana, IL 61802
(217) 979-7721
info@urbanafineartscenter.com

www.urbanafineartscenter.com

2017

Child/Children Information

Name (s):	Birth Date(s):
Street Address:	City, State, Zip Code:

Parents/Legal Guardians Information

Parent/Legal Guardian 1 - Name:	Parent/Legal Guardian 2 - Name:
Phone Number:	Phone Number:
e-mail address:	e-mail address:

Emergency contact - List name of person to be contacted in case of emergency or sickness	**Pick Up Authorization**- List name of persons (other than parents) authorized to pick up child/children
Name:	Name:
Phone #:	Phone #:
	Name:
	Phone #:
Allergies/Medical Condition - List allergies, medical condition (asthma, diabetes, epilepsy, etc.), and any other pertinent information N/A	Check the box for your 10% discount: ❑ I had a child enrolled at the M.E.C. last fall

Parent's or Legal Guardian's signature:
_____

Date: _____

CLASS OR PROGRAM	DAYS OR WEEKS	TIME	PRICE
			TOTAL: $

Please, make checks payable to Urbana Fine Arts Center

WAIVER

I acknowledge that the dance classes hold by the URBANA FINE ARTS CENTER involves physical activities and there is a potential for injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to participants, volunteers, teachers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration; weather; and/or other natural conditions. I hereby assume all of the risks of having me or my child/children participating in any of the URBANA FINE ARTS CENTER classes or events. I certify that my child /children is/are physically fit, have sufficiently trained for participation in the class(es) he/she is registered for and have not been advised otherwise by a qualified medical person.

I acknowledge and accept that the student's participation in activities includes the necessity for the instructor to adjust and correct the student's body form. I am aware that the instructor may, at times, touch the student to correct body position, and I agree such action is necessary and appropriate.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the URBANA FINE ARTS CENTER, and its sponsors, in which my child/children may participate and it will govern my actions and responsibilities at said program.

In consideration of my application and permitting me to have my child/children participate in the URBANA FINE ARTS CENTER, I hereby take action for myself, my child/children, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me as a result of my child/children/ward, participation in its program, or my traveling to and from events, THE FOLLOWING ENTITIES OR PERSONS: URBANA FINE ARTS CENTER, Luciana Bagby, William Bagby, Jr. and their directors, officers, employees, volunteers, representatives and agents, the events sponsors and events volunteers, (B) indemnify and hold harmless all entities or persons previously mentioned from any and all liabilities or claims made by other individuals or entities as a result of my child/children/ward actions or my action in its classes, programs or events.

I hereby consent to have medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during participation in the program, be given to myself or my child/children/ward.

I understand that during the URBANA FINE ARTS CENTER activities, classes, programs and events, my child/children/ward and myself may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the program holders, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Child's name: _____ Age: _____

Child's name: _____ Age: _____

Child's name: _____ Age: _____

Parent or legal guardian printed name:_____

Signature: _____ Date: _____