**Adagio School of Performing Arts**

302 W Main St., Ottawa, IL 61350

P 815-434-3920 Email: info@ottawaadagio.com

Terms of Commitment and Payment Guidelines

**Period Term**: July 1, 2017 – August 31, 2018

**Payment Schedule:**

Payments will be automatically deducted from a designated bank account on a monthly basis. See page 2.

**Types of Payment:**

Automatic withdrawal (ACH)

**Tuition Fees:**

Your monthly fees include dance training for the specified number of classes per week. We will also be deducting any other fees incurred including registration fees, costume costs, shoes, etc.

**Payment Terms:**

* For the 2017/2018 year, the completed registration package must be completed by August 31, 2017.
* Members wishing to take personal time off when regular training is scheduled are advised that tuition fees will not be waived or pro-rated, unless authorized by Rachel Martin.
* Adagio dance training requires a commitment from each family for the entire period term in order to be successful. However, we do realize situations occur which make continuing not possible. Such circumstances, which will result in the participant withdrawing from the classes before completion of the year, must be approved by Adagio on a case by case basis. Exiting the commitment before completion of the term requires members to speak directly with the office to terminate account activity, ACH, and balance all debts.
* **Medical Issues:** In the event of an injury, extended illness or other special medical circumstances lasting more than a month in length, a parent may request in writing to Adagio to waive fees for lost time.

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First, Last)

**2nd Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First, Last)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By enrolling my child at Adagio School of Performing Arts, I recognize that I am obligated to follow the rules and policies of the program as outlined in the Terms of Commitment and Payment Guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

## Parent Release Form for Media Recording

I, the undersigned, do hereby grant permission for Adagio School of Performing Arts to use the image of my child (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Adagio School of Performing Arts web site. I grant permission to use my child’s image in the following ways:

I give unrestricted permission for my child’s image to be used in print, video, and digital media. I agree that these images may be used by for a variety of purposes and that these images may be used without further notifying me.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adagio School of Performing Arts**

\*For currently enrolled families –

 USE BANK INFORMATION ON FILE:\_\_\_\_\_*Must still sign at the bottom of page*. Thank you.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)**

Company Name: **Adagio School of Performing Arts, INC**

I (we) hereby authorize **Adagio School of Performing Arts, INC** hereinafter called Company, to initiate debit entries to my (our) **Checking Account** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

CUSTOMER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPOSITOR (BANK) NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

ROUTING NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACCOUNT NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DRAFT DATE: **10TH OF THE MONTH**

* *Any changes to the account incurred on or after the 1st of the month will be reflected in the next month. Payment information is sent to the bank on the 1st of every month and changes cannot be made after doing so.*

*\*Please attach a voided check to this completed form.*

***Your ACH information will be stored in a secure location.***

NOTES:

• ACH draft is a continuous plan, which automatically renews monthly as fees are incurred. The duration of the automatic withdrawal is July 10, 2017 through August 10, 2018.

• Any fees/purchases that incur (i.e. registration fees, non-sufficient funds, clothing, etc.) will also be added to the monthly transaction.

• Should any payment not be honored by my DEPOSITORY for any reason, I realize that I am still responsible for that payment plus a $35 service fee applied by the COMPANY.

• COMPANY reserves the right to terminate membership upon non-payment of fees.

• Your ACH payment will be deducted on the business day after if the 10th falls on a weekend or a holiday.

• Please submit any updated account information at least 2 weeks before your draft date otherwise COMPANY cannot guarantee your account information will be updated by your draft date.

NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print)

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you choose not to sign up for automatic payments and pay by cash or check – 3 months of tuition is due the 1st of the month September, December, and March.

**Adagio School of Performing Arts**

### WAIVER AND RELEASE

**INDIVIDUAL AGREEMENT:** I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Adagio School of Performing Arts INC (“Adagio”).

1. In consideration of gaining membership or being allowed such use or participation at Adagio, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Adagio and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in Adagio’s facilities or arising out of any activities or events occurring at Adagio.

*Please Initial* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at Adagio are educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at Adagio strictly voluntary and has not been requested or required by Adagio. I further agree that my participation in any and all of the activities at Adagio is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

*Please Initial* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at Adagio. I acknowledge that I have either had a physical examination and have been given a physician’s permission to participate in these activities, programs, facilities and services at Adagio, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

*Please Initial* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Finally, I understand that the activities, facilities, equipment, programs and services offered at Adagio may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of Adagio employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by Adagio to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by Adagio to provide such professional services.

 *Please Initial* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN-CHILD AGREEMENT:** I am hereby giving my consent and permission for my child/children

(List child/children’s names in the lines provided.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to be an active member of Adagio and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that Adagio is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Participant (s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If member is under 18 – Parent’s Signature)