

ALOHA BALLROOM DANCE ACADEMY 501 (c)(3) Non-Profit Organization

"To educate the public about ballroom and latin dancing through professionally instructed group classes and public performances."

GUEST REGISTRATION 201__

Name: _____
(Last) (First)

Address: _____
(Street/PO Box) (City) (State) (Zip Code)

E-Mail: _____ Telephone: (____) _____-

➔ **GUEST TUITION** - \$10.00 PER EVENT OR PER EVENING
____ Themed Party ____ 3-Dance Classes

➔ **DONATIONS for Academy - 501 (c)(3) Non-Profit Organization**

• **"ALOHA FUND" CONTRIBUTION**

Monetary Donations are used to enhance the classes & events sponsored by our non-profit organization, such as - but not limited to:
• sound system/equipment, • specialty classes, • practice dances, • potluck events, • decorations, • supplies, • performances, etc.

• **PERSONAL TIME CONTRIBUTION**

Volunteers are crucial to the smooth running of the Academy. Become a Volunteer! What can you offer? Please see our volunteer coordinator.

Check # _____
 Cash
Receipt # _____
(upon request)

| | |
|--------------------------------------|---------------------|
| GUEST TUITION | \$10.00 |
| "ALOHA FUND" CONTRIBUTION | \$ _____ .00 |
| (501 (c)(3) Non-Profit Organization) | |
| TOTAL | \$ _____ .00 |

Student Release of Liability (Aloha Ballroom Dance Academy & County of Maui)

The Aloha Ballroom Dance Academy ("Academy"), in cooperation with the Department of Parks & Recreation, County of Maui is providing me ("Student") with instruction in ballroom dancing & allowing me to participate in such ballroom dance activities provided. The State of Hawaii, the Department of Education of the State of Hawaii, the County of Maui and the Department of Parks & Recreation of the County of Maui are permitting & allowing the use of their facilities, building & rooms for such instructions and activities.

➔ **Personal Injury Release:** For and in consideration of the foregoing, I ("Student") hereby assume the risk for any injuries & any loss of property that I ("Student") may sustain while receiving such instructions & participating in such activities and while on the premises of the State of Hawaii, the Department of Education, the County of Maui & the Department of Parks & Recreation and do hereby remise, release, and forever discharge & promise to hold harmless the Academy, the County of Maui, the Department of Parks & Recreation of the County of Maui, the State of Hawaii, & the Department of Education of the State of Hawaii, & their respective officers, employees, & agents, from any actions, suits, damages, claims or judgments that may result from any personal injury or loss of property that I ("Student") may sustain while receiving instruction or participating in such activities in the facilities, building & rooms described above.

Student's Initials

➔ **Media Release:** I hereby agree to permit The Academy and/or it's appointed Producers to videotape, photograph, transmit and use in any other form any & all materials or programming in which I appear or can be heard or seen including, but not limited to Akaku Public Service Announcements in accordance with non-profit purposes. I also agree any & all portions of the above referenced video/photograph(s) may be used in promotional activities. The Academy may do anything authorized by this Release without seeking my specific approval for any particular use of my voice or likeness.

Student's Initials

➔ **Release & Registration Agreements are Binding:** This release is binding on me ("Student") & on my heirs and personal representatives and is valid for all instructions that I ("Student") receive & described activities I ("Student") participate in during the quarter applicable to this registration form. **NO SOLICITATION** of services, products, events, etc. in class, on property or directly/indirectly to any students or guests of the Aloha Ballroom Dance Academy. I understand that there are **NO REFUNDS** and at its option, Aloha Ballroom Dance Academy reserves the right to terminate student privileges.

Student's Initials

Name (please PRINT): _____

Date: _____

Signature: _____

Witness: _____