

Heartland Dance & Gymnastics
Student Data and Liability Release Form

Student's Name _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Address _____ City _____ Zip _____

E-mail _____

Which is your preferred form of communication:

E-mail: _____ **Text:** _____ (which #) **Call:** _____ (which #)

Date of birth _____ **Age** _____ **Grade** _____ **School** _____

How many years have you taken gymnastic/dance lessons? _____

Please list any medical conditions we should be aware of _____

Parents Occupation _____

(We would like to do business with our students families so please help us out and put down any occupation, place of work or hobby we might use in the future)

Please answer the following questions to help us know where our advertising money is better spent.

How did you hear about Heartland? Check all that apply. School Flier Newspaper Online/Facebook
Phonebook Friend or Relative Spring Recital Nursing Home Parade
Other _____

If a current student is responsible for your starting here tell us so they can receive a special Thank You Gift

Photo Release - pictures are taken of the students to put up around the studio, for newspaper articles or ads, fairs and other forms of promotional material. You are granting your permission by signing below.

Liability Release

Heartland Performing Arts Center/Heartland Dance & Gymnastics does not carry medical insurance for its students. It is required that all dance/gymnastic students be covered by their own family insurance policies. If an injury occurs, it is understood that the student's family policy is the source of reimbursement for their injury.

I give my consent for my child(ren) to participate in dance/gymnastic classes at Heartland Performing Arts Center/Heartland Dance & Gymnastics and I understand participation in dance/gymnastic activities may result in unavoidable injuries. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of participation. I waive any and all rights or causes of action against Jillian Rinde, Timothy Grapp and/or Heartland Performing Arts Center/Heartland Dance & Gymnastics for any injuries suffered by my child or myself while participating in dance/gymnastic activities at Heartland Performing Arts Center/Heartland/Heartland Dance & Gymnastics or any place they may perform including to & from activities.

By signing below I also acknowledge that I am sending my child(ren) to practice voluntarily and understand that even with the extra precautions put in place students in attendance still risk exposure to COVID-19 and/or other illnesses. By signing below you understand that Heartland Dance & Gymnastics/Heartland Performing Arts Center and staff can't be held liable for any said cases.

Parent/guardian Signature _____ **Date** _____