REGISTRATION FORM

NORTHFIELD, MN

Return registration to *Reign Dance Theater*:
P.O. Box 273, Shakopee, MN 55379 or elise.barazza@reigndancetheater.org

STUDENT NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PARENT / GUARDIAN: _____

PHONE: _____ PHONE: _____ PHONE: _____

EMAIL:_____ EMAIL: _____

SCHOOL ATTENDED: _____ CHURCH ATTENDED: _____

LIST ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS:_____

_____ DATE: _____
Signature of Applicant / Applicant's parent or guardian if applicant is under the age of 18

ENTER CLASS(ES) HERE:_____

LIABILITY RELEASE:

I, THE UNDERSIGNED, HEREBY CONSENT THAT I AND/OR MY STUDENT(S) MAY PARTICIPATE IN *REIGN DANCE THEATER* ACTIVITIES. ANY MEDICAL CONDITION(S) WHICH MAY BE RELEVANT TO A PHYSICIAN IN THE EVENT OF AN EMERGENCY I HAVE MADE KNOWN IN WRITING TO *REIGN DANCE THEATER* STAFF. I HEREBY AUTHORIZE *REIGN DANCE THEATER* OR ANY EMPLOYEE TO MAKE EMERGENCY MEDICAL DECISIONS FOR ME IN SUCH CASE THAT I AM UNABLE TO DO SO. I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS (EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERS) WHICH MAY BE ENCOUNTERED IN ANY ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I DO HEREBY AGREE TO HOLD *REIGN DANCE THEATER* AND ITS AGENTS AND EMPLOYEES HARMLESS FROM ANY LIABILITY, ACTIONS, CAUSES OF ACTIONS, CLAIMS, EXPENSES AND DAMAGES ON ACCOUNT OF ANY ILLNESS (INCLUDING COVID OR ANY OTHER COMMUNICABLE DISEASE) OR INJURY TO ME AND/OR MY STUDENT(S) OR PROPERTY, EVEN ILLNESS OR INJURY RESULTING IN DEATH. THIS INCLUDES ANY ILLNESS OR INJURY WHICH I NOW HAVE OR WHICH MAY ARISE IN THE FUTURE IN CONNECTION WITH THE ACTIVITY OR PARTICIPATION IN ANY OTHER ASSOCIATED ACTIVITIES. I EXPRESSLY AGREE THAT THIS RELEASE, WAIVER, AND INDEMNITY AGREEMENT IS INTENDED TO BE BROAD AND INCLUSIVE AS PERMITTED BY LAW OF THE STATE OF MINNESOTA AND THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT. THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.

PHOTOGRAPHY RELEASE:

BY SIGNING BELOW I GRANT *REIGN DANCE THEATER* PERMISSION TO PHOTOGRAPH/VIDEO MYSELF AND/OR THE ABOVE NAMED STUDENT PARTICIPATING IN *REIGN DANCE THEATER* AND TO USE THESE PHOTOGRAPHS AND VIDEOS IN FUTURE PROMOTIONAL PUBLICATIONS/VIDEOS AND ON THE WEBSITE WITHOUT COMPENSATION OR FURTHER CONSIDERATION.

MEDIA RELEASE:

NO PICTURES, VIDEO, WRITTEN WORK, CHOREOGRAPHY, OR RECORDING OF ANY TYPE RECEIVED FROM OR RELATED TO REIGN DANCE THEATER MAY BE USED, REPRODUCED, TRANSMITTED, OR DISPLAYED IN ANY MANNER OR FORM OTHER THAN THE PERSONAL, PRIVATE REVIEW FOR WHICH IT WAS INTENDED. BY SIGNING YOU ARE AGREEING TO THE FOLLOWING TERMS AND CONDITIONS: YOU WILL NOT PUBLICLY DISPLAY OR USE ANY REIGN DANCE THEATER PHOTOS, VIDEO, WRITTEN WORK, CHOREOGRAPHY, OR RECORDING OF ANY TYPE RECEIVED FROM OR RELATED TO REIGN DANCE THEATER, WHETHER PRINTED OR DIGITAL, AND WILL NOT ALLOW ANY OTHER PERSON ACCESS TO DO SO. PICTURES AND VIDEO ARE FOR YOUR OWN PERSONAL ENJOYMENT AND MAY NOT BE USED FOR ANY OTHER PURPOSE - THIS INCLUDES NO PUBLIC DISPLAY ON ANY SOCIAL MEDIA PLATFORMS (I.E. FACEBOOK, INSTAGRAM, SNAPCHAT, ETC), PICASA, OR ANY OTHER WEBSITE. ALL OTHER MATERIALS AND WORKS RECEIVED FROM OR RELATED TO REIGN DANCE THEATER MAY ONLY BE USED UNDER THE DIRECTION OF REIGN DANCE THEATER OR THE OWNERS OF INDIVIDUAL COPYRIGHTS. IF YOU CHOOSE TO VIOLATE THIS AGREEMENT YOU WILL BE HELD PERSONALLY RESPONSIBLE FOR ALL LIABILITY, COURT FEES, LEGAL FEES, AND ANY RELATED DAMAGES. YOU ARE RESPONSIBLE TO INQUIRE FOR MORE INFORMATION ON ANYTHING YOU DO NOT UNDERSTAND REGARDING THIS AGREEMENT BETWEEN YOU AND REIGN DANCE THEATER. YOU HEREBY AGREE TO THE PROPER USE OF ANY PREVIOUS, PRESENT, AND FUTURE PHOTOS, VIDEO, WRITTEN WORK, CHOREOGRAPHY, OR RECORDING OF ANY TYPE RECEIVED FROM OR RELATED TO REIGN DANCE THEATER AND WILL NOT HOLD REIGN DANCE THEATER OR ANY OF ITS STAFF OR BOARD MEMBERS RESPONSIBLE FOR THE ACTIONS OF ANY SUBSIDIARY PARTICIPANTS.

I AGREE TO HONOR THIS COMMITMENT AND WILL RESPECT AND UPHOLD THE VALUES AND PURPOSES OF REIGN DANCE THEATER AND ITS DIRECTORS.

SIGNATURE (STUDENT OR PARENT/GUARDIAN IF STUDENT IS UNDER THE AGE OF 18):

_____ _____

STUDENT NAME Signature Date

PRIMARY **EMAIL** FOR *REIGN DANCE THEATER* TO SEND SEASON PICTURES TO: _____