

## **Michelle Babicci school of dance Consent Form**

I (name of parent/Guardian) \_\_\_\_\_ understand the School is not responsible for (name of student /students if under 18) \_\_\_\_\_ before or after class.

Whilst I understand that all reasonable care will be taken by the teachers and staff, I accept full responsibility for any injuries incurred while attending classes. In the case of an emergency, I authorise teachers/staff to take any action deemed necessary.

I give permission for any photos or video taken in class or at our productions, to be used for any advertising or promotional material for Michelle Babicci School of Dance.

I agree to pay fees at the beginning of each term, unless other arrangements have been made.

I agree to give 2 weeks notice minimum if I or my child is unable to continue the following term, and I understand I will be expected to pay for that term if I don't.

I understand should I or my child attend more than one lesson and decide not to continue, there will be a charge for those lessons at the casual rate of \$15 Child or \$20 Teen / Adult for each lesson.

**I will pay a once a year payment of \$15 for insurance & administration costs.**

I have read / understand & agree to the above terms.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_