

BREAKTHROUGH

BUTLER

Payment

I agree to be responsible for program payments. I know that payment is due by the first class of each program session. I am aware that there are no refunds or deductions for classes not attended for any choice personal to the participant.

My signature indicates that I have reviewed the payment policy.

Parent/Guardian Signature _____ Date _____

Waiver & Release

I, the undersigned parent and/or guardian of _____, upon signing this agreement do hereby acknowledge that the activities that I have requested my child participate in may be stressful on the body and carry with them the risk of physical injury. Therefore I hereby release, discharge, and agree to hold harmless and safe from any and all liabilities Breakthrough-Butler Co, Nick Yannotty, and any of the Breakthrough-Butler staff (team) from any and all claims, demands, actions, and causes of action arising out of activities of said business, specifically including athletic skills, drills, and game-play, and any actions in dance classes.

With the above in mind, and being fully aware of risks and possibility of injury involved, I consent to have my child participate in the program offered by Breakthrough-Butler Co. I do waive and release all rights and claims for damages that I or my child may have against Breakthrough-Butler Co, and/or its representatives whether paid or volunteered.

My signature indicates that I have reviewed the waiver & release.

Parent/Guardian Signature _____ Date _____

Photo/Video Release

Breakthrough-Butler Co. may use photos or video of your child for social media, website, news releases, marketing, and advertising, or other publicity. Please sign below to grant your permission to use your child's photo/video for the purposes listed above.

My signature indicates that I have reviewed the photo/video release.

Parent/Guardian Signature _____ Date _____