

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.

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My signature indicates that I have reviewed the payment policy.	
Participant Signature	Date
Waiver & Release	
I, the undersigned program participant, this agreement do hereby acknowledge that the activities that I have remay be stressful on the body and carry with them the risk of physical release, discharge, and agree to hold harmless and safe from any and a Butler Co, Nick Yannotty, and any of the Breakthrough-Butler staff (claims, demands, actions, and causes of action arising out of activities specifically including athletic skills, drills, and game-play, and any action with the above in mind, and being fully aware of risks and possibility consent to have myself participate in the program offered by Breakthr and release all rights and claims for damages that I may have against and/or its representatives whether paid or volunteered.	equested to participate in injury. Therefore I hereby all liabilities Breakthroughteam) from any and all s of said business, tions in dance classes. To injury involved, I tough-Butler Co. I do waive
My signature indicates that I have reviewed the waiver & release.	
Participant Signature	Date
Photo/Video Release	
Breakthrough-Butler Co. may use photos or video of you for social media, website, news releases, marketing, and advertising, or other publicity. Please sign below to grant your permission to use your photo/video for the purposes listed above.	
My signature indicates that I have reviewed the photo/video release.	
Participant Signature	Date