

**Registration Form
(Adults)**

Student #:

Date: _____

Name(s): _____ Last Name(s): _____	
Date of Birth: ____/____/____ Country of Birth: _____	
Sex: F _____ M _____	Date of Birth: _____
Email : _____	
Address: _____ _____	
Work Number: _____ Cell: _____ Other: _____	
Emergency Contact: Name _____ Phone: _____	
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FEES:	
➤ Annual Membership \$30 Per Dancer	<input type="checkbox"/>
➤ Monthly \$25 - Per Dancer	<input type="checkbox"/>
➤ Optional- \$25- Per Practice Skirt	<input type="checkbox"/>
➤ Optional- \$5- HUEPA T-Shirt	<input type="checkbox"/>
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Signature: _____ Date: _____	
<input type="checkbox"/> Huepa! Culture & Arts Institute reserves the right to choose participants to perform based on their skill levels as well their artistic readiness.	
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NOTES:	

Waiver of Liability

This agreement releases **Huepa Culture & Arts Institute** from all liability relating to any personal injuries that may occur **before, during and after** any practice, performance or any other activity. By signing this agreement, I agree to hold **Huepa Culture & Arts Institute** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are accidental or caused by negligence.

I also acknowledge the risks involved in dancing and performing arts. My participation is voluntary. I acknowledge and accept all risk regarding participation. Additionally, I do not have any medical/ physical/ mental conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit the right to any litigation against **Huepa Culture & Arts Institute**. Representatives of **Huepa** verbally explained the risk and it is my responsibility to adhere to all safety precautions. I will ask for clarification when / if needed.

I, _____, fully understand and agree to the above terms.

Signature:

_____ Date: _____

Photo Release Form for Adults

Huepa! Culture & Arts Institute has my permission to use my photograph publically to promote the activities of **HCAI**. I understand that HCAI may use the images in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me for their use.

Signature: _____ Date _____

Name: _____

Phone
Number: _____