

AGREEMENT FORM

Vitacca Productions & Company
713.205.0355 | info@vitacca.org | vitacca.org
Artistic Director: Kelly Ann Vitacca | Artistic Advisor: Phillip Broomhead

Participation Release Agreement

1. In consideration for receiving permission to participate in this intensive, audition, photo shoot, class, performance, rehearsal, or any and all activities related thereto, including but not limited to travel between sites or locations ("Activities"), I hereby release, indemnify, and covenant not to sue Kelly Ann Vitacca, Vitacca Productions & Company, and any officers, principals, agents, associates or employees thereof ("Releasees"), for any and all claims, costs and causes of action for property damage or personal injury, including death, sustained by me while participating in Activities, whether arising from statute, code, ordinance, tort, common law or other source.
2. I agree that any payment I may give or that is given on my behalf for or related to Activities is not for use of or entry onto any premises owned, leased, in use by, or borrowed by Releasees.
3. I acknowledge that Activities I will perform may be physically strenuous. I know of no physical or mental condition which would preclude or inhibit my full participation in Activities. I am fully aware of the risks and hazards involved with Activities, including but not limited to slips, trips, falls, breaks, heat stroke, heart attack, exhaustion, dehydration and other related injuries. I choose to voluntarily participate in Activities with full knowledge that they may be hazardous to me and my property.
4. I understand that Releasees do not maintain any insurance policy covering any circumstance arising from my participation in Activities or any event related to that participation. I am aware and understand that I should obtain and review my personal insurance coverage.
5. In signing this release, I acknowledge that I have read and understood the Release, that I am at least eighteen (18) years of age or my guardian is at least eighteen (18) years of age and fully competent.

Photo | Video | Model Release Agreement

In consideration of good and valuable considerations, the receipt of which is hereby acknowledged, I hereby grant to Vitacca Productions & Company, its nominees, designees, successors and assigns, or those for whom they are acting, the absolute right and permission to copyright, and/or use, and/or publish photographs/videos of me, or in which I may be included in whole or in part, or composite, or distorted in character or form, in conjunction with my own or any other picture/video or reproductions thereof made at its studios or elsewhere, for art, advertising, business or trade, news reporting, social media, website, or any other lawful purpose whatsoever. I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

Printed Name of Participant, Parent or Guardian _____
Signature _____ Date _____
**Guardian signature needed only if minor (under age 18) is involved.*

Payment | Additional Agreement

No refunds or prorating of Fusion Dance Intensive Registration Payments and/or Vitacca Dance Project Membership Payments for missed or dropped classes.

Please Initial _____

Returned checks and/or late payments made (5) days past the due date will incur a \$25.00 late fee.

Please Initial _____

Notification of student withdrawal must be in writing for all Vitacca P&C programs.

Please Initial _____

Non-compliance of the dress/hair code will result in dismissal from class. Please note Vitacca Dance Project's dress code found on vitacca.org

Please Initial _____

Mandatory Insurance | Health Information

Insurance Company _____
Policy Number _____
Group Number _____
Name of Policy Holder/Insured _____
Please list any allergies _____

I hereby give my permission to Vitacca Productions & Company personnel to authorize any minor emergency medical treatment that may be required by the above named participant during Vitacca Productions & Company's programs including: Fusion Dance Intensive, Company Class, Invite Class, Open Membership Class and Master Classes. I understand that I am responsible for any and all charges as a result of such care and medical treatment.

Printed Name of Participant, Parent or Guardian _____
Signature _____ Date _____