



ADULT MEMBER REGISTRATION FORM- ADULT PARTICIPANT (PLEASE PRINT CEARLY AND PROVIDE THE FOLLOWING INFORMATION)

Adult Participant's NAME: _____

GENDER: _____ Date of Birth (mm/day/year) _____

HOME/STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (Home) _____ PHONE (CELL) _____

PHONE (Work) _____ EMAIL ADDRESS _____

PARTICIPANT'S DISABILITIES _____

PARTICIPANT'S ALLERGIES _____

PARTICIPANT'S MEDICATIONS _____

EMERGENCY NAME & CONTACT # _____

I, _____ hereby release, indemnify, and hold harmless PEAK PERFORMING ARTS CENTER, LLC (aka PEAK PAC) its heirs, legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom it is functioning, for any and all liability and claims for personal injury and property damage, which may result because of the undersigned voluntary participation with PEAK PAC and the use of PEAK PAC's facilities and equipment. I understand and expressly assume all the risks and dangers of the activities contemplated by this Agreement, and I hereby release, waive, discharge, and covenant not to sue PEAK PAC and their officers, agents, and employees (collectively the "Releasees") for all liability, claims, demands, actions or causes of action whatsoever arising out of any damages, loss, or injury to me or to my property while participating in any of the activities contemplated by this agreement. Any controversy or claim arising out of or relating to this agreement or breach hereto shall be settled by arbitration.

The undersigned does also hereby authorize medical treatment in the event of injury and does authorize any attending physician to render any and all medical care, which said physician deems necessary and the undersigned accepts financial responsibility for said treatment. The undersigned also understands that PEAK PAC and all affiliates will not be held accountable for all/any lost, stolen and/or damaged property. I agree to grant permission for PEAK PAC to photograph, videotape, and to use other forms of media for promotion/advertising. I understand that official written approval from PEAK PAC is required for any/all of my own personal/professional use. Any images/video/media must portray PEAK PAC in a positive light. Any actions that are negative toward the studio, employees, students or families may result in temporary or permanent suspension from all studio participation, at the sole discretion of PEAK PAC. There is no public postings/sharings of PEAK PAC video performances/rehearsals/classes/workshops, etc... without the official written permission of PEAK PAC. Choreography, music, costumes or PEAK PAC ideas will not be permitted for personal use unless with official written consent from PEAK PAC. PEAK PAC reserves the right to remove anyone from the facility (or special event) for any disruptions. I have read the above authorization, release, and agreement, prior to its execution. I fully understand the contents thereof. I understand and accept all of PEAK PAC's information, rules, and guidelines. This agreement shall be binding and irrevocable upon me and my heirs, legal representative and assigns.

PARTICIPANT'S NAME (PRINT) _____ Date of Birth ____/____/____

PARTICIPANT'S SIGNATURE _____ Today's Date ____/____/____