

BUTLER CENTER FOR THE PERFORMING ARTS

STUDENT RELEASE FORM

2026-2027

The undersigned student (and his or her parent or guardian if the student is a minor) hereby unconditionally releases and forever discharges THE BUTLER CENTER FOR THE PERFORMING ARTS, LLC, The Butler Center for the Performing Arts, LLC employees, and contractors from any and all damages, cost, liabilities, obligations, and claims whether arising from The Butler Center for the Performing Arts LLC negligence or otherwise, and of other injury of any kind which may be sustained during or by reason of enrollment in dance classes, activities, and other events from this date through June 30, 2027.

Student: _____

Parent/Guardian: _____

Does the student have a medical condition (diabetes, asthma, etc.) Yes: _____ No: _____

If yes, is the student cleared by a medical physician to participate in vigorous physical activity*? Yes: _____ No: _____

If yes, please list the condition (s) and details regarding signs/symptoms so we can recognize any problems that may occur.

Will the student be taking any prescription medications while participating in events? Yes: _____ No: _____

If yes, please list by name.

*The undersigned specifically represents that he/she is physically fit and that he/she has his/her approval to participate in dance and physical fitness related classes. If the undersigned has a pre-existing injury or condition, he/she will attach his/her physician's release to this form.

It is important that you fully understand the following information:

Some of the activities engaged in with The Butler Center for the Performing Arts, LLC are physically strenuous and only students who are medically able to participate should do so. Regardless of the cause, the student (and his or her parent or guardian if the student is a minor) assumes full responsibility for all risks of accident and personal injury that may result from participation in activities. The Butler Center for the Performing Arts, LLC assumes no responsibility or liability with respect to the student's use of its facilities due to deficiencies in his or her physical health.

The Butler Center for the Performing Arts, LLC staff and contractors reserve the right to dismiss or otherwise discipline any person whose behavior is not acceptable to endangers the safety of themselves or others. Unacceptable behavior includes verbal harassment, physical assault or sexual abuse, and the use or possession of alcohol. The use, purchase, or sale of any illegal substances during The Butler Center for the Performing Arts, LLC events or classes is strictly forbidden and will not be tolerated. If anyone is involved in any activity associated with these substances or devices, the appropriate law enforcement agency will be contacted to deal with the situation. No refunds will be made in the event of such disciplinary action. Costs incurred by The Butler Center for the Performing Arts, LLC in a disciplinary action will be the responsibility of the participant, parent, or guardian.

The Butler Center for the Performing Arts, LLC retains the right to use any recorded photo or video procured at The Butler Center for the Performing Arts, LLC class or event for use of publication in print, video, TV, social media, and The Butler Center for the Performing Arts, LLC website.

The undersigned has read the release and attached rules and policies, fully understands it, and agrees to be legally bound by it and the rules of the Butler Center for the Performing Arts, LLC.

Signature Required:

Parent/Guardian: _____

Date: _____

BUTLER CENTER FOR THE PERFORMING ARTS

COURSE REGISTRATION 2026-2027

Student Information:

Last Name: _____ First Name: _____ M.I. _____

Address: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent / Guardian Information:

Last Name: _____ First Name: _____

Phone Number: _____ Relationship To Student: _____

Last Name: _____ First Name: _____

Phone Number: _____ Relationship To Student: _____

Preferred Parent Email: _____

Second Email (optional): _____

**Only emails listed will receive communications, invoices, receipts, etc. If you would like to add additional addresses, please provide to staff.*

Emergency Contact if parent / guardian unavailable:

Last Name: _____ First Name: _____

Phone Number: _____ Relationship To Student: _____

Course (s) for Registration:

_____	_____
_____	_____
_____	_____
_____	_____

To be completed by BCPA Staff:

Total Hours: _____ Monthly Fee: _____

Discounts: Sibling (10%) _____ Semester (5%) _____

Registration Fee: \$30/student or \$45/family

First Months Payment: _____ Subsequent Payments: _____

I have read and understand the policies, procedures, and payment terms stated in the BCPA handbook. I am aware monthly payments are due on the 1st of each month and agree to a \$20 late fee charge if my payment is received after the 5th of each month. I understand if I wish to withdraw from a class, I am responsible to submit a written notice of withdrawal before the 27th of the month. If a written notice is not submitted, I am responsible for payment for subsequent months until such a notice is received. Parent Initial: _____