



KJAM Studios/MPAC COVID-19 & Health Liability Waiver & Waiver/Release of Lien 2022-2023

505-299-7671 | studio2637@gmail.com | 2637 Texas St NE, Alb. NM, 87110

COVID-19 Agreement:

In compliance with our insurers, KJAM Studios/MPAC, hereinafter referred to as “The Studio or The Studio’s,” requires that all staff/employees, contractors, students, and patrons understand and acknowledge the risks of interacting in person as COVID-19 is still active and highly contagious, and potentially fatal within our community. I understand that to participate in classes, I must:

- If I contract COVID-19 or reside with currently positive parties, I will NOT return to The Studio until I have completed the guidelines outlined by the *Centers for Disease Control and Prevention (CDC)* for safely returning into public spaces: I will not return to The Studio until I, and the parties I reside with, have completed, at minimum, 5 days of isolation and present no symptoms or fever within 24 hours of my intended return to class. Regardless of my vaccination status, I agree to wear a well-fitting, full-coverage, medical-grade face mask at The Studio if my class time falls within 14 days from the start of my isolation period.
- If I attend class while unknowingly infected with COVID-19, I will alert The Studio ASAP, ensuring they can alert all other exposed class members.
- I understand that well-fitting, full-coverage, medical-grade face masks do not include bandanas or fabric/homemade masks and that failure to comply will result in my immediate dismissal. *If you do not have a mask that fits The Studio’s requirements, please ask the office staff for one. Fully vaccinated and boosted students who are not within 14 days of a positive infection may wear masks at their discretion.*
- If I am ill with any other contagion, I will not attend class whereas not to infect fellow students or The Studio staff.

Waiver/Release of Lien/Agreement:

My agreement to participate in classes means that I fully agree to the following: I understand that there is a risk of potential injury associated with dance classes and performances. I confirm that I am in good health and physically capable of participating in dance classes and/or performances. I hereby release and absolve The Studio, their staff, employees, landlord, contractors, agents, and representatives, from any responsibility for injuries and/or illnesses sustained and accept responsibility for obtaining appropriate accident, health, and hospitalization insurance to cover myself in the event of personal injury and/or illness. Agreement to this Liability Waiver will act as my continued agreement to all ensuing sessions, classes, workshops, and/or seminars, whether in person and/or online via Skype, FaceTime, Zoom, or any other video conferencing tools. In the event of an injury, illness, or other medical emergencies, if I cannot be reached, I authorize The Studio staff to seek any medical assistance reasonably required in their judgment and agree to be financially responsible for medical expenses incurred on behalf of myself. I understand that to bring, supply, or use harmful substances in or around The Studio and/or events will not be tolerated and will result in the immediate dismissal of myself from The Studio and/or events. I give The Studio full permission to use photographs, video, and/or interviews in any publications or media presentations. I understand and agree that online lessons may be recorded and used for archival purposes or be sent to the attendees as part of their movement and class syllabus. I understand that “screen sharing” may be used by The Studio’s instructors during online lessons to present teaching and/or class materials.

Student (18 years or older)

Initial: _____

Name (print): _____ Date: _____

Signature: _____ Date: _____

Parent or legal guardian (if student is a minor under 18 years old)

Initial: _____

Name (print): _____ Date: _____

Signature: _____ Date: _____

Please complete student registration information and billing/tuition agreement on page 2.



KJAM Studios/MPAC Registration

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Student Name (print): _____ DOB: _____

Address: _____
Street City State Zip

Email: _____
(We will only use your email to contact you with information regarding your class and billing)

Emergency Contact: _____

Relation: _____ **Mobile:** ()

Tuition

Class schedule and tuition rates are subject to change at the owner's discretion

There are no bundles or punch cards available at this time. Drop-in and private lesson rates are due at class time.

Payment Options:

- **Cash** *(no bills larger than \$20)*
- **Card** *(debit/credit)*
- **Check** *(bounced checks = \$25 fee)*
- **Online:** please specify with the office if you would like to receive electronic billing *(payment due before class)*

NAME OF FINANCIALLY RESPONSIBLE PARTY: _____

Email: _____ Mobile: ()

Payment Policy
Due on class date.

Tuition & Fees:	Group Classes \$15/Class	Private Lessons \$45/hr.
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I understand and agree to the terms and conditions of KJAM Studios' *Payment Policy, Tuition & Fees*. I understand that it is the legal and financial responsibility of the above-signed party to pay invoices received from KJAM Studios for classes attended.

Financially Responsible Party Signature: _____ Date: _____

Student Notes: Please inform KJAM Studios/MPAC of any health concerns or pertinent information regarding the student.