



# ADORATION PRAISE DANCE ACADEMY

## Tot-time Praise Music & Movement

*Tuesdays at 11AM*

Adoration Praise Dance Academy  
TotTime 2022

### ABOUT CLASSES

- For toddlers ages 1-3 (**girls & boys**)
- This is a parent-participation class. A parent, grandparent, or guardian **must** be with child at all times
- Classes start Tuesday, May 9<sup>th</sup>, 2021
- Classes are 45 min
- Classes will run for 10 weeks. (May 9<sup>th</sup>-July 25<sup>th</sup>)

### Activities

- Singing
- Dancing
- Sign language
- Interaction with musical instruments
- Interaction with other children
- Story/Devotion time

### Benefits

- Strengthens ability to memorize musical patterns, lyrics, dance movements, etc...
- Improves coordination, balance, & listening skills
- Activities that promote following directions
- A Christ centered environment

### Health & Safety

- In an effort to create a safe and healthy environment for all participants and instructors, we will be implementing additional cleaning practices in the classroom, before and after class.
- We will do our best to distance the children, as much as possible with this age. Please note, we cannot guarantee they won't come into contact with one another since this age is quite unpredictable and sociable.
- We ask that any child feeling any symptoms refrain from attending class for their protection as well as others.
- Masks will not be required for this age group, unless a parent prefers it for their own child.

# Tot-Time Praise Music & Movement Classes

(For Ages 1-3)

## REGISTRATION FORM PARTICIPANT(S) INFORMATION

Student Name #1 \_\_\_\_\_ Age \_\_\_\_\_

Student Name #2 \_\_\_\_\_ Age \_\_\_\_\_

Student Name #3 \_\_\_\_\_ Age \_\_\_\_\_

Please note any health problems or other issues

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**\*This is a parental participation class. A parent, grandparent, or guardian must be with child at all times during class time.**

Parent's name \_\_\_\_\_

Parent's phone number(s) \_\_\_\_\_

Parent's e-mail address \_\_\_\_\_

**Cost for classes - \$35/month** (May – July)

*\*By signing below, I agree to pay (along with this registration form) the monthly tuition price of \$35 for the months of May, June and July... \$35.00 being paid with registration, which is for May classes.*

**APDA TotTime Shirt - \$15**

*-We will be purchasing shirts for the TotTime students to wear for the family showcase. This does not need to be paid up front. **We will collect this money once classes begin.***

### **\*PAYMENT METHOD:**

Cash, Venmo, Zelle, or Check (Receipt given upon request)

**Venmo:** @JolieOsborne

**Zelle:** 434-944-5917

**Make checks payable to:** Jolie Osborne 10185 Chalk Level Road Gretna, VA 24557

*\*\*There will be a \$25 fee on all checks returned by the bank due to insufficient funds*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MUST BE RETURNED TO JOLIE BY MAY 2, 2023 WITH PAYMENT TO RESERVE A SPOT.**

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

This is to be filled out by the parent/guardian.

Dancer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_

Do you have any physical limitations that could be aggravated by this type of activity? (i.e. back, neck, shoulder or knee problems, etc. )

If so, please explain: \_\_\_\_\_

If you listed a condition above, is your doctor aware of this issue and has he/she given you permission to participate in ADPA classes? \_\_\_\_\_

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I \_\_\_\_\_ (*print name of dancer or parent if underage*) understand that Adoration Praise Dance Academy (APDA) classes are dance classes, which include physical movements associated with a variety of genres of dance.

Participation in APDA includes, but is not limited to, participation in prayer, devotion, dancing, stretching and performing specific dance routines. Dance movements are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. APDA uses movements and techniques from ballet, jazz, hip hop, modern and even ballroom to construct dance routines to be performed at the recital. All dance movements are used in moderation and modesty to present appropriate and Godly dance routines. APDA classes are an individual experience and are not required or forced in any way. They are taken voluntarily by the dancers of their own accord.

APDA seeks to provide a safe environment for dancers to express themselves and learn, however, the risk of injury with any physical activity, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in the ADPA classes, I/my child will progress at **my/her own pace**. If I/my child experiences **any** pain or discomfort, it is the responsibility of the dancer to stop and rest or seek help.

Praise dance classes are not recommended and are not safe under certain medical conditions. I affirm that I alone am responsible for deciding whether I/my child should participate in these classes. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Jolie Osborne, Adoration Praise Dance Academy, any instructors of APDA and/or Living Waters Healing Arts Center and its owners and staff.

By signing my name below, I acknowledge that participation in the APDA classes expose me/my child to a possible risk of personal injury. I am fully aware of this risk and hereby release Jolie Osborne and those named above from any and all liability, negligence or other claims arising from or in any way connected with my participation with Adoration Praise Dance Academy.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Jolie Osborne, Adoration Praise Dance Academy, any instructors of APDA and/or Living Waters Healing Arts Center and it's owners and staff; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I/my child is physically able to participate in APDA classes or a licensed medical doctor has authorized the participation in this type of class and I will provide written proof of this.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above. My signature is binding to this liability waiver from this day forth.

Dancer's Printed Name: \_\_\_\_\_

As Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions for my child and/or myself.

Parent/Guardian's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Photo Release Form for Minors**

**Adoration Praise Dance Academy (APDA)** and all representatives of **APDA** have my permission to use my or my child's photograph publically to promote **APDA**. I understand that the images may be used 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 by reason of such use.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## **CORONAVIRUS / COVID-19 ASSUMPTION OF RISK**

1. **The novel coronavirus, COVID-19, has been declared a worldwide pandemic. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Adoration Praise Dance Academy (APDA) as well as Living Waters Healing Arts Center (Living Waters), has put in place preventative measures to reduce the spread of COVID-19; however, APDA nor Living Waters, cannot guarantee that you or your child(ren) will not become infected with COVID-19.**
2. **By signing this Agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) may be exposed to or infected by COVID-19 by attending classes, events or activities sponsored by APDA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, APDA instructors, volunteers, program participants and their families.**
3. **I voluntarily agree to assume all of the foregoing risk and accept sole responsibility for any injury to myself or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, or expense of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s participation in the Activities.**
4. **On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless APDA, Living Waters and all instructors, employees or owners of and from any claims, actions, damages, costs or expenses of any kind arising out of or relating to the any class or activity. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of APDA, Living Waters and all instructors, employees or owners, whether a COVID-19 infection occurs before, during, or after participation in the classes and activities. I agree that this waiver of liability shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the waiver of liability as a whole.**
5. **I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING IT, I MAY BE WAIVING CERTAIN CLAIMS ON BEHALF OF MYSELF AND/ OR MY MINOR CHILD(REN).**

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Parent Name

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Parent Signature

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Date

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