



Miss Dee's School of Dance  
115 S. Lafayette  
Greenville, MI 48838  
616/754/1722

## HOLD HARMLESS /PAYMENT AGREEMENT Photography Release

I, the undersigned, as parent or legal guardian of \_\_\_\_\_, do hereby agree to hold Dionne Luxford, Miss Dee's School of Dance, any employees or agents, and chaperones, harmless for any accident, injury, or misfortune that may occur while he/she is enrolled at Miss Dee's School of Dance.

I understand that I am responsible for making all lesson, costume and recital fee payments when they are due according to the payment booklet that I have received. I also understand that if the payment is not paid in full thirty (30) days after the date listed on the invoice that I will be charged a \$10.00 late fee for each invoice that is late. If my account is past due by more than 45 days, my child will not be able to participate in classes until the account is current. I also understand that should I default on my account I will be responsible for any and all costs that are incurred for the collection of my account, court or otherwise.

I understand that the photographs taken at studio functions by Dionne Luxford, or other studio photographers are the property of Miss Dee's School of Dance and maybe used in promotional advertisements of Miss Dee's School of Dance or on the website. I give my permission for my, named above, child's photograph to be taken.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

Miss Dee's School of Dance

Student Info. Update Form

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PARENT NAMES \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE # Mom \_\_\_\_\_ Dad's \_\_\_\_\_