

# STUDENT REGISTRATION FORM & LIABILITY RELEASE

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No one may dance until this form is filled out, signed and turned in. Thank you!

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Would you rather get class notices via  email or  snail mail? *(your info won't ever be given to other organizations or used for evil!)*

Previous Dance Experience: \_\_\_\_\_  
\_\_\_\_\_

Any injuries/health conditions the instructor should be aware of? (write "none" if there are none): \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address, City, State, ZIP: \_\_\_\_\_

Comments / what you'd most like to learn: \_\_\_\_\_

How did you hear about Shoshanna's Classes? \_\_\_\_\_

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I understand that to participate in dance classes with Shoshanna must first pay for classes by purchasing a class card or paying the drop in fee. I realize that the class cards have a two-month expiration date, and that any unused classes are forfeit after that date. Arrangements may be made for special circumstances upon instructor approval.

I understand that dance and dance-related activities present a risk of injury to the participant. I understand that there is an inherent risk of injury that cannot be eliminated regardless of the care taken to avoid injury. I agree to assume any and all risks of injury or death, from any cause or source whatsoever in order to participate in or allow my child to participate in these activities.

I do hereby release and forever discharge Shoshanna, Bellydancing by Shoshanna, Rose Anthony, Common Grounds Community Center, North Coast Dance, Sacred Palace Multicultural Center, their predecessors and successors, employees, owners, agents, and assigns, and all other persons, corporations, and entities (including substitute dance instructors) from all claims, expenses, attorney fees, and causes of action or suits of any kind or nature associated with the participant's involvement with any of Shoshanna's classes or any associated activity at any studio at which she teaches.

I HAVE CAREFULLY READ THIS AGREEMENT and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a CONTRACT between myself and Bellydancing by Shoshanna and sign of my own free will.

\_\_\_\_\_  
Signature of Student over age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Student under age of 18

\_\_\_\_\_  
Date

Printed name of Parent: \_\_\_\_\_

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