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INITIALS



7720 Main Street, Suite 8, Fogelsville, PA 18051 • 610-360-4335

**2017 -18 Registration Form**

Participant's Name: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parents' /Legal Guardians' Names: \_\_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact (other than Parent or Legal Guardian): \_\_\_\_\_

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

Does the student have any allergies, ailments, or restrictions? Yes /No

If yes, please explain in detail: \_\_\_\_\_

**WAIVER AND RELEASE**

In consideration of being allowed to participate in any athletic/dance event sponsored by, and/or any other related events and activities which are in any way associated with, (collectively the "Event") Dance Fusion Studio, Inc. ("Dance Fusion"), or its officers, directors, representatives, employees, volunteers, or agents (collectively referred to with Dance Fusion as the "Protected Persons"), and intending to be legally bound hereby, the Participant and Participant's Parent(s) and/or Guardian(s) agree as follows:

1. If the Participant is a minor, the Parent(s) and/or Guardian(s) will instruct the minor Participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the Participant believes anything is unsafe, he or she should immediately advise his or her dance teacher or supervisor of such condition(s) and refuse to participate. Furthermore, the Parent(s) and/or Guardians(s) shall have read, understood and explained to the minor Participant the policies of Dance Fusion which are located at [www.studiodancefusion.com](http://www.studiodancefusion.com) or at Dance Fusion's physical studio location, and ensure that the minor Participant follows the policies of Dance Fusion. If the Participant is not a minor, he or she on his or her own shall take the precautions and adhere to the policies mentioned in this paragraph 1.

2. Each person acknowledges and fully understands that the Participant will be engaging in activities alone and with others that involve risk of serious injury, including permanent disability and death, and severe social and economic losses. These injuries and losses which might result not only from his or her own actions, inactions or negligence, but the action, inaction or negligence of others or the condition of Dance Fusion's studio or of any equipment used. Further, there may be other risks not known or not reasonably foreseeable at this time.

3. Parent(s) and/or Guardian(s) shall be responsible for any and all damage caused to the Dance Fusion studio, equipment or otherwise by the Participant.

4. Participant and Parent(s) and/or Guardian(s) hereby expressly agree to and shall indemnify, defend and hold harmless Protected Persons, and their respective heirs, administrators, executors, successors and/or assigns, from any and all, including actual, potential and threatened, claims, demands, damages, costs, including attorney's and expert's fees, expenses, loss of services, action and causes of action, and suits at law and in equity, arising out of or relating to the Participant's involvement in the Event.

5. Participant and Parent(s) and/or Guardian(s) hereby forever waive and release Protected Persons, and their respective heirs, administrators, executors, successors and/or assigns, from any and all claims, demands, damages, costs, including attorney's and expert's fees, expenses, loss of services, action and causes of action, suits at law and in equity, which they, and/or their respective heirs, administrators, executors, successors and/or assigns, do, may or might have, arising out of or relating to the Participant's involvement in the Event.

I/WE HAVE READ THE FOREGOING AND HAVE VOLUNTARILY SIGNED THIS WAIVER AND RELEASE. I/WE ACKNOWLEDGE THAT BY SIGNING THIS WAIVER AND RELEASE I/WE WAIVE AND RELEASE ALL RIGHTS AGAINST DANCE FUSION, ITS OFFICERS, DIRECTORS, REPRESENTATIVES, EMPLOYEES, VOLUNTEERS AND AGENTS. I/WE AM AWARE THAT BY SIGNING THIS WAIVER AND RELEASE I/WE HAVE AGREED THAT I/WE WILL NOT SUE OR OTHERWISE MAKE A CLAIM AGAINST DANCE FUSION.

Participant/Parent/Guardian (PRINT): \_\_\_\_\_

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

Signature of Participant or Parent/Guardian (if Participant is under 18 years of age)