

Dells Dance Center

Name: _____ D.O.B. _____

Mailing address: _____

Phone # _____ Email: _____

Emergency Contact person: _____ Phone # _____

Program enrolled _____

Cost _____ Amount paid _____ cash/check/venmo/paypal/others.

How did you hear about Dells Dance Center? _____

Liability Waiver

I _____, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercises program be injurious to my health, am voluntarily participating in a physical activity. Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activities. I hereby assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said programs.

Signature: _____ Date: _____