**Fusion Studios**

Trial Class Taken:

Day:

Time:

Teacher:

**STUDENT’S REGISTRATION/LIABILITY FORM 2014**

**1st Student:**

**First Name: Last Name: Age: DOB:**

**2nd Student:**

**First Name: Last Name: Age: DOB:**

**Address: City: State: Zip:**

**Cell Phone #: Home Phone #: Work Phone #:**

**Students under 18 yrs:**

**Mother’s Name: Father's Name:**

**Sign up for our monthly newsletter! It *comes only once a month!***

**Yes, sign me up!**

 **No, thank you!**

**Email # 1: Email # 2:**

**How did you hear about the studio?**

❑ **Ad** ❑ **Dance store** ❑ **Coupon** ❑ **Flyer** ❑ **Friend** ❑ **Phone book** ❑ **School** ❑ **Show** ❑ **Walk in** ❑ **Web site**

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| --- |
| **Please check one: √ ❑ New student ❑ Returning student ❑ Updating address information** **Age range: ❑ 3-6yrs ❑ 7-9yrs ❑ 10-12yrs ❑ 13-17 yrs ❑ 18+ yrs** |

**\*Registration fee is due after the 1st trial class to receive the discounted single class rate, monthly plans and class series up to ages 15 years old.**

**LIABILITY WAIVER**

I understand the nature of this activity in which I and/or my child shall participate. Therefore, I confirm and warrant that I and /or my child are in good health. However, if I have any doubts, I acknowledge that I was advised consult with a physician. I will in no way hold Fusion’s owners, employees, instructors, contractors, designees, or volunteers responsible for any accidents, personal injuries, illness, loss of or damage to personal property, which may occur at the studio or any other designated venue where Fusion students may perform. I on behalf of myself and my child, do hereby Release, Waive, Discharge and Covenant not to Sue Fusion’s owners, employees, instructors, contractors, designees, or volunteers from all liability for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death, whether caused by the negligence or otherwise, while in, upon, or about the premises or any facilities or any other designated venue where Fusion students may perform or equipment, therein. Each student may decline to participate in any activity. It is incumbent on the Parent to inform the instructor of any physical limitations the student might have. I expressly agree on behalf of myself and my child that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

* **I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL OF THE RULES, POLICIES, LIABILITY WAIVER AND PAYMENTS SET FORTH IN THIS CONTRACT. I UNDERSTAND I HAVE TO BE 18 YEARS OF AGE OR OLDER TO SIGN THIS REGISTRATION/LIABILITY/POLICY CONTRACT:**

**PARENT, GUARDIAN OR ADULT SIGNATURE: DATE: .**