



P.O. Box 456 Saugerties NY 12477 Phone (845) 246-1131 Est. 2001

FALL REGISTRATION 2008 - 2009

STUDENT'S NAME:

STUDENT'S BIRTHDAY:

STREET ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

ALTERNATE PHONE:

Email Address:

MOTHER'S NAME:

FATHER'S NAME:

EMERGENCY CONTACT PERSON:

EMERGENCY PHONE NUMBER:

HOW DID YOU HEAR OF WORLD OF DANCE:

WAIVER & RELEASE: I hereby agree to participate in dance-exercise programs given by World of Dance upon the understanding and condition that **1.** I represent to the company that I am physically capable of participating in a vigorous cardio-vascular exercise program; and to the extent necessary in light of my prior health history, weight, and general physical condition. I have consulted my personal physician or other health authority before making such representation. **2.** I recognize the risk of illness and injury inherent, in any dance/exercise program and I am participating in the World of Dance's program upon the express agreement and understanding that I am hereby waiving and releasing the company from any and all claims, costs, liabilities, expense, or judgments, including attorneys fees and court costs arising out of my participation in the company's' programs or any illness or injury resulting therefore. I hereby further agree to indemnify and hold harmless the company from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of the company. **3.** I agree to inform the company before the participation in any of its' programs of any change in my physical condition, which might in any way adversely affect my ability to participate in the program safety. **I RECOGNIZE AS A MEMBER OF WORLD OF DANCE MY RESPONSIBILITY AND LIABILITY IN USING EQUIPMENT AND OR PARTICIPATING IN ANY EXERCISES OR OTHER SERVICES OFFERED BY THE FACILITY AND AGREE TO HOLD WORLD OF DANCE HARMLESS FOR INJURY OR ILLNESS DUE TO MY OWN ACTIONS.** **4.** World of Dance reserves the right to use past and new photos of students for web marketing and media form.

PARENT'S SIGNATURE:

DATE:

PARENT'S SOCIAL SECURITY NUMBER: