



**Registration Form**  
 Please print. Enrollment not complete without signature on Waiver.

LAST Name	FIRST Name	Birthday M/D/YR

If under 18 Parent(s) or legal guardian \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Any health or physical limitations we should be aware of (past injuries) \_\_\_\_\_

We keep personal information confidential.

**Enrollment**-list all the classes you are taking.

ONLY LIST days and times

**Office Use Only:** (Do not write below)

Enrollment date \_\_\_\_\_

Total hr \_\_\_\_\_ Monthly tuition \$ \_\_\_\_\_ Registration \$ \_\_\_\_\_

Mo.	Ck# or cash	\$	Notes
Jan			
Feb			
Mar			
Apr			
May			
Jun			
July			
Aug			
Sep			
Oct			
Nov			
Dec			

# J & M DANCE CENTER

## Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of participating in classes and or activities with Joy Handy and Mindi Martin as dance teachers/directors and any other assigned teachers, assistants and/or substitutes, I represent that I understand the nature of the classes/activities and that I am qualified, in good health and in proper physical condition to participate in such classes/activities. I fully understand that classes/activities involve risks of serious bodily injuries, including permanent disabilities of any kind, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the class/activities takes place, or the negligence of the releases named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my participation in classes/activities.

I hereby release, discharge and covenant not to sue Joy Handy or Mindi Martin or their assigned teachers, assistants, and/or substitutes, volunteers, employees, other participants, any sponsors, advertisers and if applicable owners and lessors of premises on which the classes/activities takes place, (each considered one the "RELEASEES" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability and assumption of risk, I or anyone on my behalf, makes a claim against any of the "RELEASEES" I will indemnify, save, and hold harmless each of the "RELEASEES" from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I understand that by signing it and have signed it freely and without any inducements or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

### Parental Consent

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced classes/activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such classes/activities. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the "RELEASEES" from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations and further agree that if despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above "RELEASEES" I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the "RELEASEES" from any litigation expenses, attorney fees, loss liability, damage, or cost any "RELEASEE" may incur as the result of any such claim.

Also, I have received and accepted J & M Dance Center's Studio Policy and will fully cooperate with the guidelines/policies as set forth.

J & M Dance Center reserves the right to use photographs/videos, taken either in class or of students participating in class/activities for the purpose of instruction, advertising and promoting J & M Dance Center. Students under the age of 18, or parents of minors, who do not wish to comply must notify J & M Dance Center in writing before participation in classes/activities.

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PRINTED name of participant

Date

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PRINTED name of parent or legal guardian

Date

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SIGNATURE of parent or legal guardian

### Authorization of Consent to Treat a Minor

(I) (We), the undersigned parent(s)/guardian(s) of, a minor, do hereby authorize J & M Dance Center or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code B2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code 31600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code B6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code B6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code B1283.

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SIGNATURE of parent or legal guardian

Health Insurance Provider

Policy #