

WORD DANCE THEATER REGISTRATION FORM

NAME:

EMAIL:

ADDRESS:

PHONE:

By signing below, I represent and agree as follows:

1. I am in good physical health and understand that it is my responsibility to consult a physician in regard to whether I am capable of participating in dance class.
2. I understand that during the course of the dance instruction the instructor may at times aid my progress with appropriate physical contact.
3. Like any physical activity, I understand that this activity may cause physical injury and I am fully aware of the risks and hazards that may be involved. I will not hold CYNTHIA WORD, WORD DANCE THEATER, or any of its instructors, employees, or volunteers, responsible for any injuries suffered by me during the course of a class or workshop.
4. I knowingly, voluntarily and expressly waive any and all claims that I may sustain while participating in dance class. I agree to waive my rights to sue and to assume all risks.

I acknowledge that I have read the above release and waiver of liability and fully understand its contents.

SIGNATURE

DATE