

Shimmy To Be Fit

Helping you reach your fitness goals, one hip drop at a time

Class Registration Form

Primary Class Requested: _____ (Day) _____ (Time) _____

Participant Name: _____ What do you prefer to be called: _____

Age: _____ Dance Name: _____ Student: Y _____ N _____

Street Address: _____ City _____ Zip: _____

Phone: _____ Email: _____

Favorite Color(s) _____

Emergency Contact-Parent/Guardian Name (if under 18):

Name: _____ Phone Number: _____

Email: _____

Shimmy To Be Fit

Helping you reach your fitness goals, one hip drop at a time

PLEASE READ AND SIGN ALL APPLICABLE RELEASES, UNSIGNED RELEASES WILL CONSTITUTE AN INCOMPLETE APPLICATION

A. I understand that the above activity is or may be dangerous and do or may involve risk if injury, loss, loss or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage, arising from the following circumstances among others.

Participant [and Parent/legal guardian if applicable] initials here ____/____

B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me or to any related third party arising out of or in any way related to the activity listed above, whether or not caused by the act, omission, negligence, or other fault of Shimmy to be Fit, its officers, its employees, its volunteers, or by any other cause.

Participant [and Parent/legal guardian if applicable] initials here ____/____

C. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I further hereby exempt, release, and discharge Shimmy to be Fit, its officers, and its employees, its volunteers, from any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of Shimmy to be Fit, its officers, its employees, its volunteers, or by any other cause. I agree that photographs taken of me during such activities may be used for promotional purposes.

Participant [and Parent/legal guardian if applicable] initials here ____/____

D. I agree that I have read the Shimmy To Be Fit class policies and class fee schedule/rates and agree to be bound by those policies.

Participant [and Parent/legal guardian if applicable] initials here ____/____

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____