



DANCE STUDIO

VISITOR REGISTRATION FORM

Student Name

Student D.O.B.

Email

Phone

Class Name

Visit Date

Initial below:

Yes, I have read
and agree to all of
the terms and
waiver statements
listed below.

Parent/Guardian Name

Parent/Guardian Signature

Waiver of Release & Liability

This is to certify that I, as parent/guardian with legal responsibility for my child or ward, acknowledge that my child or ward will be engaged in activities that may involved risk of injury at Fueled & Aflame Dance Studio, LLC. and that I do recognize and assume that risk whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, to his/her participation in dance classes with Fueled & Aflame Dance Studio. For myself and on behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify Fueled & Aflame Dance Studio, LLC, their affiliates, administrators, directors, agents, instructors, and its employees, other participants, and sponsor agencies from any and all claims and damages instituting or arising out of my minor child's or ward's involvement or participation in the programs at Fueled & Aflame Dance Studio, LLC, whether or not arising as a result of the negligence of the operators of the organization and its facilities.

Media Waiver

I give my consent for images (photo, video) to be taken of my dependent and used to document the activities of Fueled & Aflame Dance Studio, LLC. I grant Fueled & Aflame Dance Studio, LLC indefinite permission to use the images for educational and promotional purposes. I understand that if I do not want images of myself or my dependent to be used, I will indicate this in writing and the signed letter will be attached to this document.

Medical Waiver

I give my permission for any Fueled & Aflame Dance Studio, LLC staff members or instructors to authorize transportation of my dependent to a medical/dental facility, if necessary. In case of emergency, if none can be contacted, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I accept full responsibility for all costs of said medical care and any emergency treatments. Fueled & Aflame Dance Studio, LLC will not be responsible for the cost of any medical care or said medical care and emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments.



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