



REGISTRATION/Emergency Consent Form

Dancer's Name: _____ D.O.B. _____ Age: _____

Dancer's Name: _____ D.O.B. _____ Age: _____

Parent Name: _____

Address: _____ Best contact number: _____

City/Zip: _____ Email: _____

Requested Classes:

Class _____ Day and Time _____ Class _____ Day & Time _____

Class _____ Day and Time _____ Class _____ Day & Time _____

Class _____ Day and Time _____

Class _____ Day and Time _____

Liability Release, Image Agreement and Refund Policy

The above named participant is in good health and has his/her doctor's approval to participate in the requested classes. I acknowledge Step I Dance & Fitness, LLC will not be held responsible for any injuries resulting from participation in the classes, traveling to and from the studio, participation in dance recitals, competitions, benefits or other performances.

Liability Waiver for Zoom Online Classes

Your agreement to participate in an online class means that you fully agree to the following:

I hereby absolve Step I Dance & Fitness from any responsibility for injuries I might sustain while practicing these movements or methods during online classes. I hereby release for myself, my heirs and assigns, Step I Dance & Fitness LLC, from any claims, demands and causes of actions arising from my participation in an exercise/dance program. Agreement to this Liability Waiver will act as your continued agreement to all ensuing sessions, workshops and/or seminars whether in person, via Skype, Zoom or any other video conferencing tool.

I authorize Step I the use of images and video for publicity and advertising purposes.

We do not adjust any tuition for missed classes or refund paid tuition if a student decides to drop the class before the end of the session.

X _____
Signature Date