

Registration Form

Student Name		Date of Birth
E-Mail Address		
Street Address		
City	Zip	Phone
Name of parent or guardian	n if student is under 18	
Emergency Contact Name		
Phone	Relationship c	f Emergency Contact
Liability Waiver		
substitutes instructors, direconnected with any injury of participation in classes, per porary Dance with Tamara to participate. I am aware to voluntarily participating in Waiver of Liability is provide heirs, next of kin, executor, and fully understand its contamara Grose and/or her a function of any previous injury or ill participate/perform at my of the contament of the cont	ctors, agents and volunteers or illness or damage caused formances, or other activities. Grose, dance classes and dathat participation in dance of those activities with knowled ded voluntarily upon submistadministrator, and/or personatents. I am aware that this effiliated organizations and I ness that pertains to participown risk.	Contemporary Dance, Tamara Grose, her assistants, from any and all liability arising from, related to, or by or sustained in the course of any attendance and/or es conducted by or associated with Classical and Contemnce events arranged by Tamara Grose in which I choose lasses and performance can result in injuries, and I amedge of the danger involved and I hereby attest that the sion of this form and shall be fully binding upon me, my anal representative. I have carefully read this agreement is a release of liability and a contract between myself and sign of my own free will. I have notified Tamara Grose pating in dance classes or performances and choose to
Signature of Dancer/Studer	ıt, Parent or Guardian	Date