

**Susan's World of Dance  
Adult Student Registration  
(Please Print and Sign Clearly)**

Dance Class: \_\_\_\_\_ Today's Date \_\_\_\_\_

Students Name: \_\_\_\_\_ Birth Month and Day \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home) \_\_\_\_\_, Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

(Please print so it's easy to read)

*If paying by check and it bounces a fee of \$25.00 on top of what check amount was for must be paid before student may continue in class. No exceptions.*

**PLEASE READ AND SIGN BELOW**

**REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE: MUST BE RETURNED BEFORE ATTENDING CLASS.**

I understand and agree that in participating in any dance class, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility relating to any such injury or accident, which might occur to me on the premises of Susan's World of Dance Studio and/or during any rehearsals, performances, competitions, or activities. I also exempt, release, and indemnify Susan's World of Dance, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, or property which may arise out of or in connection with participation in any classes or activities conducted by Susan's World of Dance. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Susan's World of Dance Studio, its owners, agents, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them.

**Permission is granted to Susan's World of Dance to use photographs and/or videos of students for publicity/marketing purposes. I have read, and understand and agree to be bound by the above statement**

**(Print your name, sign and date)**

Signature Printed \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Registration Fee \$25.00 \_\_\_\_\_