



*Shambling Shimmies
Dance Company LLC*

Student Registration and Release Form

Student Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

How did you hear about us?

Liability Release:

I, _____, the person named above (or their parent/legal guardian), release Shambling Shimmies Dance Company LLC and its owners, instructors, employees, agents, and affiliated parties from any and all liability in any way related to my participation in dance classes and related activities and use of facilities or equipment at the locations where these activities are held. I agree to indemnify and hold harmless and blameless Shambling Shimmies Dance Company LLC, its owners, employees, agents, affiliated parties and equipment from any and all liability from damages, loss, or injuries, either to person or properties while engaged in dance classes, performances and all related activities.

By signing this release, I acknowledge my understanding and acceptance of the following:

That dance can be an active sport requiring strength, agility and concentration and that it is solely my responsibility to determine that I (or my child/ward) is in good health and good physical and mental condition before permitting myself (or my child/ward) to participate in class or performance activities.

In the event of an accident or emergency I would like for myself (or my child/ward) to be taken to a hospital for medical treatment and I hold Shambling Shimmies Dance Company LLC and any affiliated parties (as noted previously) harmless in their execution of this action. Additionally, I agree to individually provide for all possible future medical expenses, which may be incurred by me (or my child/ward) as a result of any injury sustained while participating in dance classes, performances, and related events.

I have read this Release of Liability and have been given the opportunity to speak with a representative of Shambling Shimmies Dance Company LLC before signing this release.

Signature: _____ Date: _____

Printed Name: _____