SAN RAMON VALLEY DANCE ACADEMY

Family Information:

Guardian Name(s): _____ Last Name: _____

Address: _____ City/Zip: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Primary E-mail:

Other E-mail:

Billing Contact/Info: _____

Emergency Contact (other than parent): _____

Emergency Contact Phone: _____ How did you hear about us? _____

Student Information:

First Name: _____ Last Name: _____

Birthday: _____ Sex: ____ Medical Conditions: _____

School: _____ Previous Training: _____

Classes:

Code	Class	Day/Time	Teacher

Waiver & Release

I, the undersigned or parent/legal guardian of the individual named above, do hereby waive, release, and forever discharge all claims against San Ramon Valley Dance Academy, LLC (SRVDA) for damages, death, personal injury and property damage which may result from attending and participating in classes at SRVDA. I understand that accidents can occur in dance and acro/gymnastic activities. Knowing the risks of these activities, I do hereby agree to assume all risks or damages resulting from such activities. By signing this waiver of liability I release and hold harmless SRVDA and SRVDA's owners, instructors, and/ or employees from liability. I give SRVDA my permission to use photos of the above student for advertising purposes. By enrolling in classes I agree to abide by and adhere to all policies as set forth by SRVDA.

I have read and understand this waiver and release.

Signed: _____ Date: _____

Rate: _____ By: _____

☐ Computer ☐ Ledger ☐ Roll Book