**Blue Sun Fusion Belly Dance**

**Registration Date:**

Name:

Phone #:

Age:

Birth Date:

Address:

Email:

Circle one: Married Single

How did you hear of Blue Sun Fusion Belly Dance?

Have you had any previous dance experience of any kind? Yes No

If so, what type of dance? For how long?

Would you be interested in performing belly dance to the public? Yes Maybe No

What hobbies, skills or training do you have that you would like to share with me?

Are there any illnesses, allergies, physical complications or special needs that you may need to share with me?

**We Are Super Glad You Are Here!! ☺**

**Blue Sun Fusion Belly Dance**

**Liability Waiver and Release Form**

> By signing this release and Waiver form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Jamie Gray/Blue Sun Fusion Belly Dance. I am voluntarily participating in Belly Dance Classes with Jamie/Blue Sun Fusion Belly Dance, during whom I will receive information and instruction about Belly Dancing and technique & choreography.

> I/ We realize that participation in dance classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Belly Dancing and or Exercise classes. I certify that there are no health – related reasons or problems which preclude my participation, and have not been advised to not participate in activities, including but not limited to exercise, or dance by a qualified medical professional. I acknowledge that no medical services will be provided by Jamie Gray/Blue Sun Fusion Belly Dance.

> I specifically agree that Jamie Gray/Blue Sun Fusion Belly Dance or the officers & facilities, shall not be liable for any claim, demand cause of action of any kind what so ever for, or on the account of death, personal injury, property damage or loss of any kind resulting from or related to my participation in Belly Dance Classes now or in the future. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Jamie/Blue Sun Fusion Belly Dance. In the event that I/we should observe any unsafe conduct or conditions before, during or after classes, I/we agree to report the unsafe conduct or conditions to the instructor or officers as soon as possible.

> I grant my permission to Jamie Gray/Blue Sun Fusion Belly Dance and their officers to use photographs and/or videos taken during any event for Blue Sun Fusion Belly Dance.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. I am/we are, mentally competent to enter into such an agreement.

Name:

Date: