

Fusion Studio of Dance 2022-23 Registration Form – Guest Form

“The fusion of movement and expression through dance”

4220 Coonpath Rd. Carroll, OH 43112

fusionstudioofdance@yahoo.com/fusionstudioofdance.com

740.407.1174

Student Name: _____ Student Email: _____ Student Phone: _____

Student Age: _____ Student Date of Birth: _____ Grade: _____ School: _____

Dance Experience (please be specific) If at previous studio, please mention:

Medical History/Injuries: _____

Food Allergies: _____

Parents/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone _____ Work Phone #: _____

Parent's Email: _____

Emergency Contact: (Someone other than parent)

Name: _____ Phone Number: _____ Relationship to student: _____

How did you hear about Fusion Studio of Dance: _____

*What **CLASSES** are you taking with your FSD friend?

Liability Waiver and Acknowledgment of Risk:

READ AND SIGN BELOW.

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE PARTICIPATING IN ANY CLASS.

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Fusion Studio of Dance classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Fusion Studio 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, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Fusion Studio of Dance. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Fusion Studio of Dance, its owners, agents, volunteers, 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. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I understand the risk associated with participation such as illness, including exposure to Covid-19 and will not hold Fusion Studio of Dance, LLC responsible in the event of exposure.

I hereby agree that I will not send my child to Fusion Studio of Dance, LLC in the event that my child or any household member tests positive for Covid-19 or is showing symptoms of Covid-19.

Fusion Studio of Dance, LLC has the right to remove my child from in-person classes if they are unable to abide by the procedures in this document.

*Permission is granted to Fusion Studio of Dance to use photographs/videos of students for publicity purposes.

I have read, understood and agree to be bound by the above statement.

If **UNDER 18 years of age**, parent or legal guardian must sign.

Name: (Please print clearly) _____ **Signature:** _____

Date: _____ **Child's Name:** _____