

Gotta Dance

3131 Custer Road, #195 Plano, TX 75075 (972) 769-0017
 Registration and Liability Release Form

(Please Print)

Student's Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell #1 _____ Cell #2 _____

Father's Name _____ Work # _____ Employer _____

Mother's Name _____ Work # _____ Employer _____

Primary Email _____ Student Email _____

School _____ Grade _____ New Student at Gotta Dance? Yes ___ No ___

How did you hear about Gotta Dance? _____

WAIVER AND LIABILITY RELEASE

1. In consideration of allowing participation in dancing/aerobics/physical activities at Gotta Dance the undersigned hereby agrees to waive any and all claims or causes of action that the participant has, or may have in the future, due to any personal injury or property damage that might result from participation in any exercise, dance, workout, or other activity, whether under the supervision of any instructor or by the participant's own direction.
2. The undersigned further agrees to release Gotta Dance from any and all liability for any loss, damage, injury or expense that they participant may incur, or that the participant's next of kin may incur, as a result of the participant's participation in any activities at Gotta Dance, due to any cause whatsoever, including negligence or breach of contract on the part of Gotta Dance, in the operation, supervision, design, or maintenance of the facility or business. By signing this release, the undersigned acknowledges and understands that: (1) He/She is aware of the risks, dangers, and hazards of participating in any activity; (2) He/She is over 18 years of age, and if he/she is not over 18 years of age, the signature of a parent or legal guardian below indicates that the parent or legal guardian has read and understands the language in this document and has signed it voluntarily.

BINDING EFFECT OF THE AGREEMENT: In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

ENTIRE AGREEMENT: In entering into this agreement, I am not relying on any oral or written representations other than what is set forth in this agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT THAT I AM WAIVING / RELEASING CERTAIN LEGAL RIGHTS AND THAT I AM DOING SO VOLUNTARILY.

Signature of Responsible Party: _____ Date: _____

	Registration Fee	1 st Month Tuition		Other	
Class Registered For	Day of Week	Class Time	Teacher's Name	Beginning Date	Class Fee
Total Monthly Tuition					

Gotta Dance is not responsible for lost or stolen items. We reserve the right to refuse service.

This side for Gotta Dance Office Use Only

Costume Costs

Class Info	Costume Cost
Total Costume Fee	

Costume Payments

Payment Date	Payment Amt	Balance Due
Beginning Balance		

Recital Fee

Payment Date	Payment Amt	Balance Due

(Circle the following when paid in full)

Costume(s) Paid in Full

Recital Fee Paid in Full

NOT IN RECITAL