

# Class Registration Form and Liability Waiver

-----  
Name

-----  
Date

-----  
Mailing Address

-----  
Contact Phone (home \_\_\_\_\_ cell \_\_\_\_\_)

-----  
City, State Zip

-----  
Email address

Register for which class:       Stretching     Tribal Style Belly Dance     Other: \_\_\_\_\_

How did you hear about the class??

Do you wish to be invited to our email lists??

Flyers (where? \_\_\_\_\_ )

Space for Movement Studio (private list)

Friend

Tribal Wallah (yahoo group)  
*WallahTribalFairbanks@yahoogroups.com*

Other (please tell us how!)

Fairbanks Belly Dancers (yahoo group)  
*FairbanksBellyDancers@yahoogroups.com*

## Assumption of Risk, Release of Liability for Personal Injury, Medical Authorization

I, \_\_\_\_\_, for myself do hereby release Joyce Young from any and all liability or in any way related to my use of the facilities, equipment, or apparatus at Space for Movement Studio (SFMS), its owners, operators, instructors, employees, agents, servants and affiliated center(s); and /or my participation in any class, program, competition or other event organized, run and/or sponsored by or held at Space for Movement Studio (SFMS), hold harmless the said claims, demands, costs, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me.

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

That belly dance can be an active sport, which requires strength, agility and concentration and that it is solely my responsibility to determine that I am in good health and good physical and mental condition before permitting myself to exercise, work out, receive instruction or perform.

In the event of an accident or emergency I would like to be taken to a hospital for medical treatment and I hold Joyce E. Young, Space for Movement Studio (SFMS) and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by me as a result of any injury, sustained while participating at or for Space for Movement Studio (SFMS).

### Liability Release Form

I have read the Release of Liability for Personal Injury and have been given the opportunity to speak with a representative of Space for Movement Studio (SFMS) before signing this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this form and return with payments made payable to:*

**Space for Movement Studio**  
410 2<sup>nd</sup> Ave, Fairbanks AK 99701  
SpaceForMovementStudio.com ~ (907) 888-8578  
*Updated Jan 2012*