

**Tribal Style Belly Dance Class
Registration Form and Liability Waiver**

Name	Date	

Address	Phone	

City, State Zip	email address	

Registering for Session #	Amount paid	Cash/Check

How did you hear about the class??	Do you want to be invited to our email lists??
<input type="checkbox"/> Flyers (where? _____)	<input type="checkbox"/> Tribal Wallah Fairbanks Class list
<input type="checkbox"/> Friend	<input type="checkbox"/> Fairbanks Belly Dancers
<input type="checkbox"/> Other (please tell us how!)	

Liability Release Form

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).

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 the Registration Fee payable to:

Joyce Young
c/o **Space for Movement Studio**
410 2nd Avenue Fairbanks AK 99701

September 2009