



Artistic Directors Jamey Hampton and Ashley Roland

Contact Information

Student(s):

Last Name	First Name	Date of Birth
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Medical Condition/Allergy (use back if needed)

Class(es) Registered for: _____

Family Info:

Parent/Guardian 1

Parent/Guardian 2

Email

Email

Phone 1

Phone 2

Work Phone

Work Phone

Address

City, State, Zip

Emergency Contact (if different than above than above)

Name	Relationship to Family	Phone
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Photo Release

I authorize use of my own and/or my child's visual image and statements by BodyVox for any purpose and in any media now known or later developed. I acknowledge that this is a perpetual license granted without any compensation to me and/or my child.

Anonymous Only

No Photos

Signature

Date

Agreement Release and Waiver of Liability

Name of Participant _____

In consideration of the opportunity to participate in BodyVox Studio Classes, I agree as follows:

1. I understand and acknowledge that Dance and Movement classes are a strenuous physical activity involving the risk of physical injury and I have taken all steps necessary to learn of any physical impairment(s) that would limit or affect me or my child's safe participation. I also understand and acknowledge that the social and economic losses which can result from those risks and dangers can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in participation in the program.
2. I agree to take appropriate precautions for me or my child's own safety and that of others when participating in the program and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate.
3. I hereby release, waive and discharge BodyVox, its instructors, assistants, officials, volunteers, officers, directors, agents and employees, from any and all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, or damage to property, arising out of my participation in the program, whether on BodyVox premises or elsewhere, including transportation of myself and/or my child/ward to and from events and venues.
4. I also hereby agree to indemnify and to hold harmless from any claim or demand on account of injury or damage which I or my child may suffer as a result of participation in the BodyVox class and all other persons mentioned in Paragraph 3.
5. I understand that this release, waiver, and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of BodyVox and the individuals listed in Paragraph 3.

I have read the above agreement of release and waiver of liability and understand that by signing it I have given up substantial rights. I sign this agreement voluntarily.

I am the parent or legal guardian of _____, who is under the age of 18 years and who wishes to participate in BodyVox classes. In consideration of BodyVox allowing my child or ward to participate in that class, I hereby agree to indemnify BodyVox and all other persons describe in Paragraph 3 above, and to hold each and all of the harmless from any claim or demand on account of injury to or damage suffered by my child or ward as a result of participation in that program, whether BodyVox premises or elsewhere.

I acknowledge it is my responsibility to deliver my child (ren) to the class and to pick up my child (ren) promptly upon the scheduled conclusion

Signature of parent/legal guardian of participant _____

Date _____