

# K. Monique's Studio of Dance

## Zumba Registration Form

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

### EMERGENCY CONTACTS (PLEASE PROVIDE AT LEAST ONE)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### RELEASE OF LIABILITY

I HEREBY GRANT THAT THE PROPOSED PARTICIPANT IS HEALTHY AND PHYSICALLY ABLE TO PARTICIPATE IN THE ABOVE NAMED PROGRAM(S). I RELEASE AND WAIVE ANY CLAIMS OF PERSONAL INJURY OR PROPERTY DAMAGE THAT I MAY HAVE OR COME TO HAVE AGAINST K.MONIQUES'S STUDIO OF DANCE, ITS EMPLOYEES, REPRESENTATIVES AND INSTRUCTORS. I FURTHER UNDERSTAD THAT PARTICIPATION WILL NOT BE PERMITTED UNTIL THE FEE IS PAID IN FULL.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PHOTO/MEDIA RELEASE

I HEARBY GRANT K.MONIQUE'S STUDIO OF DANCE THE RIGHT TO USE, REPRODUCE AND/OR DISTRIBUTE PHOTOGRAPHS AND/OR VIDIO OF YSELF IN THEIR PROMOTIONAL MATERIALS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FULL REFUNDS ARE ONLY GRANTED IF K.MONIQUE'S STUDIO OF DANCE  
CANCELS THE PROGRAM(S). OTHER REFUNDS ARE SUBJECT TO AN  
APPROVAL AND SERVICE CHARGE**