



Drop-in REGISTRATION 2010

How did you hear about us?	Referral Name:
NAME	EMAIL
CELL PHONE	HOME PHONE
BILLING ADDRESS	CITY ZIP

Please read and initial each paragraph

Assumption of Risk: I have volunteered to participate in a program under the direction of the rock center for dance, LLC, which will include, but may not be limited to, dance, tumbling and physical conditioning. I understand that there are certain risks of injury to which I may be exposed by participating in the activities offered by or at the rock center for dance, LLC. Notwithstanding these inherent risks, I agree to accept and assume all risks related directly or indirectly from participation in activities offered by or at the rock center for dance. Upon agreement, I do hereby hold harmless and release the rock center for dance, LLC, and their respective agents, owners, operators, heirs, assigns, contractors, landlords, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any program conducted by or through the rock center for dance, LLC.

I have read the above & agree _____

Release of Liability:

I, the undersigned, hereby release and hold harmless the rock center for dance LLC, and their respective agents, heirs, assigns, contractors, landlords, and employees from any and all liability, claims, demands and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained while in or upon the premises or any premises under the control and supervision of the rock center for dance LLC, their respective agents, heirs, assigns, contractors, end employees or I am in route to or from any of said premises.

I have read the above & agree _____

Medical Emergencies: I, the undersigned hereby authorize the rock center for dance, LLC, its owners, operators, agents, and employees to seek medical treatment for me, in the event of any serious medical emergency requiring immediate professional medical attention. I hereby declare that I, the participant, is in a condition of health and soundness of body that warrants undertaking all aspects of the rock center for dance programs. I request that I be transported to the nearest available hospital in the event of any serious medical emergency requiring immediate professional medical attention.

I have read the above & agree _____

Publications: I understand that photographs and/or video may be taken anytime throughout the year during the rock center for dance program activities and/or performances. All such photos and videos are property of the rock center for dance and may be published and/or used for promotional purposes, including the rock center for dance website. I hereby consent to the use of said materials and I relinquish the right to protest any such use.

I have read the above & agree _____

PRINTED NAME _____ **DATE** _____

SIGNATURE _____



CREDIT CARD VERIFICATION

Name as it appears on card: *	
Card Type *	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Card Number*	Expiration Date*
Authorized Signature	