

Diane Cypher and Robert Kelley, Dire 831)479-1600 • fax (831)464-2800 S. Rodeo Gulch Road, Suit Soquel, CA 95073

ADULT STUDENT ENROLLMENT FORM

Name:		
Phone:	Age: (if under 18)	Birthday:
Address:	City, Zip:	
Physical limitations we should be aware of:		
New student: How did you hear about The Studio?		
Email address: emily@openpgp.org	☐ Yes, please send me The Studio Newsletter via email.	
Emergency Contact (name & phone):		Relationship:
illness or injury (2+ weeks), class cards may be extended if the care extended for holidays. WAIVER OF LIABILITY AND The Studio was formulated to promote dance as an art form an	O ASSUMPTION Condit	OF RISK ioning of the cardiovascular and
muscular systems. The program emphasizes the physical aspect periods.	ts of dance, includin	g proper warm-up and cool-down
I, the undersigned, agree not to claim or demand any cost or exproperty damage resulting from or sustained by, or which may be about the premises of The Studio, either as spectators or as Furthermore, I hereby assume all the risks of personal injury wootherwise engaged with dance or dance instruction at The Studion	in the future result of dancers or as dance hile dancing, receivi	or be sustained. The same is or shall students or dance instructors.
I, the undersigned, acknowledge the hazards in exercise programs special problems with my physician.	ms and accept the ri	sks involved. I have discussed any
I, the undersigned also agree to indemnify, defend and hold ha and all loss, liability, cost or expense, arising out of any and all loss sustained in the prior.		
Signature	Date	