



REGISTRATION AND WAIVER FORM

Name and D.O.B

Phone No.

Parent/

Guardian Name:

Email Address:

Home Address:

City/State:

I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in with Dance~by Sha'Ran

I hear-by understand that the training, programs and events held with Dance~by Sha'Ran may expose me to inherent risks, including accident, injury or illness. I assume all risks of injuries associated with participation including, but not limited to, falls, any contact with participants, the effects of the weather, including high heat or humidity, and all other such risks being unknown.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Dance~by Sha'Ran furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** instructor, venue- Dance~by Sha'Ran, visitors, from any responsibilities, liabilities, demands, or claims of any kind out of my participation in Dance~by Sha'Ran's training, programs, and events.

By my signature, I indicate that I have read and understand this waiver. I am aware that this is a waiver and release of liability and I voluntarily agree to the terms. I acknowledge by my signature below that I understand the above stated information.

Date:

Signature:

If under 18/Parent/Guardian Signature:

Dance~by Sha'Ran Representation Signature:

