

Flowing Grace School of Dance L.L.C.
Adult Participant Registration

Registration Date (this registration is good for a year) _____
Class(es) and Day _____

Participant Name: _____ Age _____

Address: _____

Phone: _____

Emergency Contact and Number _____

Medical Concerns/issues the instructor should be aware of _____

e-mail address: _____

Class Card Pilates Classes – 5 classes \$125, 10 for \$230, 20 for \$400

HOLD HARMLESS AGREEMENT

I, _____ (participant or student over 18 name), being of sound mind and body, understand the possible risk of injury involved for me while participating in Flowing Grace School of Dance L.L.C. dance classes or F.G.S.D. Pilates classes or other activities. I understand that the risks include, but are not limited to, broken bones, concussions, bruising, bleeding, pulled muscles, dental damage, acute injuries, or progressive injuries resulting from repetitive exercise movement. I also understand the risk of myself being in close proximity of others and transferring germs or sickness or spreading common viruses. Having read these risks, I hereby release Flowing Grace School of Dance L.L.C. and all their teachers of all responsibility for any injury or sickness that may happen to myself. I assume responsibility of the risk of my participation and affirm that my acceptance is voluntary.

Signature of participant _____ Date _____

Printed Name _____ Date _____