

ADULT CLASS REGISTRATION FORM

**** All adult classes start on Sept. 23rd****

Name: _____ Phone # _____

Mailing Address: _____

CLASS CHOICE:

Hip Hop @\$98.00 + 13% HST = \$110.74 (12 weeks) Thurs – 6:45-7:30

Pilates @\$98.00 + 13% HST = \$110.74 (12 weeks) Thurs – 7:30-8:15

Ballroom @\$200.00/couple + 13% HST = \$226.00 (10 weeks) Thurs – 8:15-9:30

PAYMENT INFO:

Total Owing = \$ _____ Form of Payment _____

M/C or Visa # _____ Exp ____/____

Name on the Card _____

INSURANCE WAIVER:

You, the Member, are aware that there are risks associated with participating in fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:

- (a) There are absolutely no returns on adult classes. Payments are due the first class in full.
- (b) To waive all claims, known or unknown, that you have or may have in future against Dance Aarts Academy including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners Matthew and Kelly Ann Aarts
- (c) To release and forever discharge Dance Aarts Academy from all liability for any personal injury, death, property negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances) breach of any duty imposed by law, breach of contract or mistake in error of judgement of Dance Aarts Academy
- (d) To be liable for and to hold harmless and indemnify Dance Aarts Academy from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis and liabilities of what so ever nature or kind arising out of or in any way connected with your participation in fitness activities. Please consult your physician prior to starting an exercise or fitness program and prior to using this facility.

I hereby grant permission for my child or myself to participate in all dance/acro gymnastic program activities including photographs, recordings and public performances allow the use of any such material in which my child appears for promotional, instructional, educational or commercial purposes.

Name _____ Signature _____ Date _____