

SPRING ADULT DANCE SESSION
AGES 18-99 MARCH 5-MAY 27TH
12 PAID WEEKS

<u>BALLET CLASSES</u>	
Wednesdays 10:15-11:30	\$239
Fridays 10:15-11:30	\$239
Fridays 6:15-7:30	\$239
<u>BALLET BLAST (BALLET BASED CARDIO BARRE CLASS)</u>	
Wednesdays 7:30-8:30	\$252

PLEASE

CIRCLE ALL OF THE ABOVE CLASSES YOU WISH TO ATTEND

NAME _____ PHONE NUMBER _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

TOTAL PAYMT DUE \$ _____ REGISTRATION DATE _____

PAYMT TYPE (CIRCLE ONE) CASH, CHECK, CREDIT ONLINE

Studio Waiver and Release

I certify that I am/my child is capable of physical exercise, and I have completely documented any health or other concerns above. I agree that my child or I will participate in dance and/or Pilates courses and related activities given by the Maryland School of Ballet and Modern Dance, Inc (“the Studio”) upon the following conditions: I recognize the risks of injury associated with any physical activity and participation in the courses, programs, or related activities at the Studio is upon the express agreement and understanding that I am waiving and releasing the Studio, its officers, directors, agents, employees/independent contractors, and representatives, from and against any and all claims, actions, causes of action, damages, costs, liability, expense of judgments, including attorney’s fees and court costs, arising out of participation in the courses, programs, and related activities offered at/by the Studio, including but not limited to personal injuries, including death, and loss of or damage to property, whether occurring on or off the premises of the Studio. In consideration of this participation, I hereby assume all risks associated with said participation and agree to hold the Studio, its officers, directors, agents, employees/independent contractors, and representatives harmless from any and all liabilities, actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation in the aforementioned courses, programs, and related activities. The terms hereof shall serve as a release and assumption of risk for me/my child, my/my child’s heirs, estate, executors, administrators, assignees, and for all members of my/my child’s family. I certify that I am over the age of eighteen (18) years and authorized to sign this release, and that I have read the Studio Waiver and Release and fully understand the contents, consequences and implications of signing this document.

Signature _____ Date _____