



**Cleveland Dance Academy Registration**

11937 Prospect Road, Strongsville, Ohio 44149

440-238-1196

cdadancers@aol.com

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Previous Dance Experience (new students only) \_\_\_\_\_

\_\_\_\_\_

Any allergies or other medical concerns \_\_\_\_\_

\_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Phone # \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

Classes registered for

Class Name	Day/Time	Class Name (continued)	Day/Time

RELEASE: In consideration of being permitted to participate in any way in, with, or for Cleveland Dance Academy/Cleveland Dance Ensemble ("CDA/CDE") and/or being permitted to enter for any purpose into any area where in admittance to the general public is prohibited ("Restricted Area"), the participant agrees or, in the event that the participant is a minor, the parent(s) or legal guardian(s) of the participant ("I"): fully understand, acknowledge, and agree that there are risks and dangers associated with dancing, dance events and related activities that can result in bodily injury, partial or total disability, paralysis, or death("Harms"). I accept and assume such risks and responsibility for the losses and damages following such Harms however caused and whether caused in whole or in part by the negligence of CDA/CDE. I HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE CDA/CDE including its owner(s), managers, teachers, promoters, or other participants as well as instructors and promoters participating in activities or events held at CDA/CDE. Further, I consent to and permit CDA/CDE to use any pictures taken of my child for their commercial advantage including advertisements and public dissemination. I HAVE READ AND I FULLY UNDERSTAND AND CONSENT TO THIS RELEASE, WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. FURTHER, I HAVE READ, UNDERSTAND, AND AGREE TO ALL THE POLICIES OF CDA/CDE WHETHER WRITTEN HEREIN OR ELSEWHERE.

*I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.  
I hereby acknowledge that I have read the statements above and agree to participate accordingly.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_