



DATE _____

Name:	Name:
Phone # H: _____ C: _____	Phone # H: _____ C: _____
Address: _____	Address: _____
Date of Birth:	Date of Birth:
E-Mail:	E-Mail:
Would you like to receive an Upcoming Events Newsletter via E-mail: Y / N	Would you like to receive an Upcoming Events Newsletter via E-mail: Y / N
Medical Restrictions / Relevant History:	Medical Restrictions / Relevant History:
Emergency Contact: Phone:	Emergency Contact: Phone:
Have you ever had dance lessons before? Y / N If yes, when/where?	Have you ever had dance lessons before? Y / N If yes, when/where?
What dances are you interested in?	What dances are you interested in?
How/Where did you hear about us?	How/Where did you hear about us?

TLF Waiver and Release

The undersigned hereby (i) acknowledges that injuries may result from ballroom dancing, (ii) accepts the risk of such injuries, and (iii) releases Two Left Feet, LLC, its members, officers, agents, employees, and their respective executors, administrators, heirs, successors and assigns, of and from any and all actions, damages, liabilities, claims, judgments, demands and expenses which the undersigned, now has, or may in the future have, against the foregoing parties.

Cancellation Policy: The undersigned hereby acknowledges and agrees that a \$25 fee will be imposed with respect to any scheduled private lesson that is not cancelled at least 24 hours prior to the scheduled time of the private lesson.

X _____ X _____



Stafford Dance Center Waiver and Release

As a condition of participation, I hereby release, waive any claim whatsoever, indemnify and hold harmless Stafford Dance Center, Inc. ("Stafford Dance"), and its owners, officers, managers, employees, agents, directors and any other related parties from any and all actions, claims, demands, losses, damages, expenses, liabilities, sickness, injuries, death or loss of money from whatever source, known or unknown, arising from or occurring during participation in the programs and activities of Stafford Dance, whether or not such programs are held on the premises of Stafford Dance ("Participation") now or at any time in the future.

I agree that Stafford Dance may utilize any photograph of the student for promotional use only.

I understand that students must abide by studio rules and regulations and that failure to do so may result in immediate dismissal from a dance class, camp, rehearsal, or other Stafford Dance activity. I understand that in the case of dismissal, I am responsible for the student's transportation.

I authorize Stafford Dance to seek immediate medical care for myself or the student if deemed necessary. I verify that I will be responsible for any medical costs incurred in connection with Participation. I certify that the student has no medical condition which, in conjunction with Participation, would endanger the student or others.

X _____ X _____