## **SOUL EXPRESSIONS REGISTRATION**

Name:
Cell Number:
Emergency Contact/Relationship:
Email:
Injuries:
Other medical conditions that could affect you in class:
Have you had any dance experience? Please describe below:
Please circle one: BEGINNER INTERMEDIATE ADVANCED  Do you have any specific goals for the next 8 weeks?
Signature:
Date:

## A P DANCE DIMENSIONS LIABILITY WAIVER

Provider: Abbey Prihoda Mahoney, DBA A P Dance Dimensions

Student Name:			
Client Parent/Legal Guardian(s) Nam	nes:		
Relationship to Student:			
Waiver of Liability, Wavier: In consideration of permiss and services of A P Dance Dimension representatives, or assigns, do hereby Dimensions, its principles, its directo agents from liability from any and all the aforementioned parties. This agr accidents or illnesses arising from the activities including but not limited to	sion to use, today and on as and provider I, on behand release, waive, dischar ors, officers, employees, wal claims arising from the reement applies to 1) per the participation in Dance, or organized activities, class	ge, and covenant to not sue, A P Dance volunteers, independent contractors, and ordinary negligence of provider or any of rsonal injury (including death) from	
Indemnification and Hold Harmles Mahoney, A P Dance Dimensions, Confrom all claims resulting from neglige Prihoda Mahoney, A P Dance Dimens and Staff in investigating and defendit court or arbitration determines that Directors and Teachers, Coaches, Vol Severability and Venue: The under assumption of risks agreement is into Texas and that if any portion thereof notwithstanding, continue in full legal it must be in Grimes County, Texas.  Acknowledgement of Understandiagreement and fully understand its to substantial rights, including my right voluntarily, and intend my signature greatest extent allowed by the law of Attendance/Tuition Policy: Being a you do not show up for an extended a	ence and to reimburse the sions, Contest Team Directions, Contest Team	r, A P Dance Dimensions, Contest Team responsible for the injury or loss. ragrees that the foregoing waiver and I inclusive as is permitted by the law of ed that the balance shall, rise, I agree that if legal action is brought,	
Signature of Parent/Legal Guardian		 Date	
Printed Name			