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Bellingham, WA 98226  
360.715.0900

109 3<sup>rd</sup> St  
Lynden, WA 98264  
360.393.4140

# Dancing For Joy Registration Form

student name (first) \_\_\_\_\_ (last) \_\_\_\_\_ d.o.b \_\_\_\_/\_\_\_\_/\_\_\_\_ age \_\_\_\_ gender: F/M

student name (first) \_\_\_\_\_ (last) \_\_\_\_\_ d.o.b \_\_\_\_/\_\_\_\_/\_\_\_\_ age \_\_\_\_ gender: F/M

parent/ guardian name (first) \_\_\_\_\_ (last) \_\_\_\_\_

mailing address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone # (cell) \_\_\_\_\_ home/ other # \_\_\_\_\_

email \_\_\_\_\_ Would you like to receive Dancing For Joy info. via email? **Y/ N**

emergency contact (name/ relationship) \_\_\_\_\_ phone # \_\_\_\_\_

## Agreement, Release, and Waiver of Liability

In consideration of being permitted to participate in dance lessons, instructions and performances presented by DANCING FOR JOY, L.L.C., on behalf of myself or a minor child or ward, heir, next of kin, or personal representative, I acknowledge, understand and declare as follows.

To the best of my knowledge, my minor child is in good physical condition and has no disease or injury that would be aggravated by participating in activities related to the dance classes. If I am the participant, I am in good physical condition and have no disease or injury that would be aggravated by participating in activities related to the dance classes.

Participating in dance classes may involve RISK OF INJURY, including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones and severe injuries such as paralysis or even death. I am fully aware of the inherent risks involved in dance activities and the possibility of injury from participating in such activities. I ASSUME ALL RISKS ASSOCIATED WITH DANCE ACTIVITIES AND WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE Dancing For Joy, L.L.C. and its managers and members FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY in connection with participation in dance lessons or performances or any activity associated with dance lessons or performances, including transportation to or from any lesson, performance or other related activity.

I specifically acknowledge that Dancing For Joy, L.L.C. shall bear no responsibility for my child when he or she is left unattended outside the scheduled times for any Dancing For Joy, L.L.C. activity, whether from being dropped off early, picked up late or any other reason. I expressly agree that this Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and if any portion of the Agreement is held to be invalid, it is agreed that the remaining portions shall nonetheless continue in full force and effect.

I fully understand that the members of the staff of Dancing For Joy, L.L.C. are not physicians or medical practitioners of any kind. With this in mind, I hereby authorize Dancing For Joy, L.L.C. to render first aid to me or my child in the event of injury or illness, and if deemed necessary, to call an ambulance for which I will be financially responsible, or to arrange other transportation of a sick or injured participant. I agree to provide health insurance for myself or my child or guarantee payment of any medical expenses incurred as a result of training, performing or participation in activities with Dancing For Joy, L.L.C.

Dancing For Joy, L.L.C. reserves the right to refuse service for any reason, including but not limited to, slander, loitering, safety non-compliance, disrespect and hindering the learning of others.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION. I FURTHER ACKNOWLEDGE THAT I HAVE SIGNED THIS AGREEMENT, RELEASE AND WAIVER OF LIABILITY FREELY AND VOLUNTARILY.

## Photo & Video Release

I grant to Dancing For Joy the right to take photographs and/or video of myself or my child who is the participant in dance activities. I authorize Dancing For Joy, L.L.C., to use and publish images in print and/or electronically. Dancing For Joy may use photographs and/ or videos with or without my child's name or my own and for any lawful purpose, including for example such purposes as publicity, promotional materials, publications and Web content.

I waive any right to compensation or ownership thereto. If there are legal or other personal circumstances that prohibit the use of such content, I fully understand that I must submit this request in writing with this registration, a typed and signed document outlining the reasons for these circumstances, in order for myself or my child to participate in Dance Activities at Dancing For Joy, L.L.C. Dancing For Joy L.L.C. reserves the right to refuse such requests and participation in Dance Activities.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian signature if student is under 18 years of age)

DFJ Office Use Only: \_\_\_\_ New Registration \_\_\_\_ Drop-In \_\_\_\_ Free Trial/ Free Try-It Day \_\_\_\_ Camp/Intensive \_\_\_\_ Bring A Friend Week  
\_\_\_\_ Registered In Studio Director Staff Initial \_\_\_\_ Payment rec'd (circle one) check credit card cash Staff Initial \_\_\_\_