

Class Registration ---- Liability Waiver and Release

As a participant, or as the legal guardian of the minor referred to as participant, in Karida's School of Orientale Dance classes, I, the undersigned, attest that should the participant take part in the aforementioned dance program, the participant is physically fit to participate in the physical activity program associated with bellydance or other dance classes. I understand and accept that no promises or guarantees are made, explicit or implied. I understand that certain corrections and instruction may include manual physical contact.

I recognize and acknowledge there is risk associated with participating in the activities associated with the instruction of bellydance, and I agree to assume total risk of any such activities connected with Karida's School of Orientale Dance classes. In participating in Karida's School of Orientale Dance classes, including, but not limited to any individual or group classes, workshops, or other activity organized by Karida's School of Orientale Dance, I hereby waive and release all claims, liabilities, actions, damages, costs or expenses of any nature whatsoever for injuries the participant might sustain, known or unknown, arising out of the program now or at all times in the future.

The registered participant or, in case of a minor their parent(s) or guardian(s) agrees to indemnify and hold harmless Karida's School of Orientale Dance, Kari Dotson, or any instructors associated to the program, from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by Karida's School of Orientale Dance and arising out of or in any way related, directly or indirectly, to the participation of this dance activity.

By registering for this class or workshop, I agree to the terms outlined in this liability waiver and release. I also agree to abide to all Karida's School of Orientale Dance policies and regulations.

X _____
Signature of Participant (or parent/guardian of minor)

Printed Name of Participant

Street Address

City/State, Zip

Primary Phone h w c Secondary Phone h w c

E-mail Address

Date

Class Level:

Intro L One L Two L Three

Dance Style:

Basic Bellydance Bollywood
Turkish/Romany Beledi/Group
Cabaret

Weekday:

Mon Tues Wed Thurs Fri

Start Time:

2:00 3:30 4:00 4:30 4:45
5:30 6:00 7:00 7:15

For Office Use Only

Class Start Date - End Date

____/____ -- ____/____/2010

Amt pd: Ck # V/MC PP

Class Completed

Y N

Choreography