



23945 Mercantile Rd. St. M
 Beachwood, Oh 44122
 216-292-2720
 Jennifer@dance5678.net
 www.studiojdance.com

Students Name _____
 Street Address _____ City _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 Email _____
 Emergency Contact Name _____ Emergency Contact Phone _____

List of Registered Class

Tuition

Single Drop in Class: \$16.00

5 Class Pass: \$70.00 _____

10 Class Pass: \$120.00 _____

Check/Cash/Credit Card _____ **Total Due** _____

CC# _____ **Exp.** _____

Billing Zip Code _____

Release & Waiver

I, the undersigned, acknowledge that my child or I am applying to Studio J Academy of Dance for instruction in a program of physical activity and possible personal body contact including but not limited to possible strenuous exercise, use of weights, balls, Thera bands and gymnastic equipment. As a condition to my being permitted to participate in Studio J programs, I _____ Hereby:

1. Releases, Discharge & Covenant not to sue. I agree not to sue the sponsors, instructors, agents, employees or fellow students for any and all claims and liability arising out of strict liability or ordinary negligence of release or any other participant who causes me injury. I agree to hold releases harmless and indemnify them for any claim, judgment or expense releases may incur arising out of my activities in said training.
2. I voluntarily elect to accept all risks connected to my participation in Studio J programs.
3. I assume the risk of all injury or condition occurring during or after my participation in the Studio J or elsewhere, excepting only those claim, actions or damages cause by willful or intentional act by any of them.

I agree to abide by the rules of Studio J Academy of Dance, including the payment of tuition during the course of my instruction. I have read this document. I understand it is a release of any and all claims. I voluntarily sign my name evidencing my acceptance of these provisions.

Signature _____ Date _____