

Take your first Queen City Dancing Queen class FREE by following these simple instructions!

1. Print this form
2. Fill it out and sign below
3. Turn it in at your first class to jam with us for FREE



PARTICIPANT INFORMATION- All information will be kept private and confidential. PLEASE PRINT CLEARLY!!!!!!

Last name: _____ First name: _____
Name you prefer to be called if different from above: _____
Email (required): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Date of Birth: _____ How did you hear about today's class? _____

WAIVER OF LIABILITY FOR FITNESS CLASSES

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

- A. Waive, release and discharge from any and all liability Queen City Dancing Queen and all venues where classes are held, their elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.
- B. Indemnify and hold harmless Queen City Dancing Queen and all venues where classes are held, their elected and appointed officials, employees, students, agents, and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

I know that there may be risks associated with fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs I incur.

Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, I have freely signed this waiver on the date indicated.

I HAVE NEVER TAKEN A QUEEN CITY DANCING CLASS BEFORE AT ANY LOCATION, AND THEREFORE I WOULD LIKE TO TAKE THIS FIRST CLASS FREE.

Participant Signature: _____ Date: _____

If the participant is less than 16 years of age, a parent or guardian *must sign* below on behalf of the participant *before the individual may participate in fitness classes*. Participants younger than 16 years of age must be accompanied by a participating adult.

Print Parent/Guardian Name: _____

Signature of Parent or Guardian: _____ Date: _____