



REGISTRATION FORM

Member Information:

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

Emergency contact name & relationship: _____

Emergency contact number: _____

How did you find out about Kavi? _____

Bolly Fusion Fitness Liability Waiver / Informed consent Form

I, _____, have enrolled in the fitness program offered by Kavi's School of Dance. I recognize that the program may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and training, muscle strength and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary.

"In consideration of my participation in this program, I, _____, hereby release Kavi's School of Dance and all the instructors from any claims, demands and causes of action as a result of my voluntary participation and enrollment."

" I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Kavi's School of Dance from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to muscle strains, muscle pulls, muscle tears, shin splints, knee strains, back strains, foot injuries or any other illness or soreness that I may incur".

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ Date: _____

(Participant Signature)

Kavi's School of Dance

Email: info@kavischoolofdance.com Phone: (908) 821-6014 Website: www.kavischoolofdance.com